Department of the Treasury

Internal Revenue Service

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



and ending A For the 2022 calendar year, or tax year beginning C Name of organization D Employer identification number В Check if applicable: Address change MILL CREEK ALLIANCE Name change 31-1465290 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 513-563-8800 1223 JEFFERSON AVENUE 524,691. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended READING, OH 45215 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DAVID SCHMITT Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( 527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions THEMILLCREEKALLIANCE.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Other L Year of formation: 1997 M State of legal domicile: OH Association Part I Summary Briefly describe the organization's mission or most significant activities: WE CHAMPION THE RESURGENCE OF 1 Activities & Governance THE MILL CREEK WATERSHED AS A NATURAL & COMMUNITY ASSET. (CONT.>) 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 3 Number of voting members of the governing body (Part VI, line 1a) 3 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 8 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 695 Total number of volunteers (estimate if necessary) 6 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 354,899. 437,640. Contributions and grants (Part VIII, line 1h) 8 Revenue 90,876. 84,350. 9 Program service revenue (Part VIII, line 2g) -2,088.978. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 4,454. 1,723. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 524,691. 448,141. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Ο. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 312,824. 323,415. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. Ο. 35,988. b Total fundraising expenses (Part IX, column (D), line 25) 146,896. 181,990. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 459,720. 505,405. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19,286. -11,579. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year P 472,831. 481,064. 20 Total assets (Part X, line 16) 29,114. 18,061. 21 Total liabilities (Part X, line 26) El det 443,717. 463,003 22 Net assets or fund balances. Subtract line 21 from line 20 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Signature of officer Date				te	
Here DAVID SCHMITT, EXECUTIVE DIRECTOR					
	Type or print name and title				
	Print/Type preparer's name Preparer's signature Date Check PTIN				
Paid	TYLER M. SCOTT	TYLER M. SCOTT	11/07/2	3 self-employed P01047519	
Preparer	Preparer Firm's name ATLAS CPAS & ADVISORS PLLC Firm's EIN 47–254			m'sEIN 47-2544071	
Use Only	Only Firm's address 1230 SPRINGFIELD PIKE				
	CINCINNATI, OH 45215 Phone no.513-771-4100				
May the I	May the IRS discuss this return with the preparer shown above? See instructions				
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III       Statement of Program Service Accomplishments         Deck Stabula Contains a regence or note to any line in this Part III         Improves MILL CREEK & ITS WATERSHED THROUGH STREAM RESTORATION, GREENWAY CONSTRUCTION, ENVIRONMENTAL EDUCATION, PUBLIC RECREATION & WATER QUALITY MONITORING, HAS OBTAINED MILLIONS IN STATE & PEDERAL GRANTS TO SUPPORT THIS         2       Did the organization undertake any significant program services during the year which were not listed on the pirof rom stab or 806(27)       IVEs [X] No         1       Text, "exclude these rive savides on Schedule O.       IVEs [X] No       IVEs [X] No         1       Text, "exclude these rive savides on Schedule O.       IVEs [X] No       IVEs [X] No         1       Text, "exclude these rive savides on Schedule O.       IVEs [X] No       IVEs [X] No         4       Costs       10 (store organization approximation, comparison are required to report the anount of grants and allocations to others, the total expenses, and revenue, fairly of each program service accomplainments for sach of its three largest program services, as measured by expenses.         2       Costs       10 (store savide store store significant charges are of its three largest program services, as measured by expenses.         3       10 (store savide store store significant charges are savide store sto	Form	1 990 (2022) MILL CREEK ALLIANCE 31-146	5290	Page <b>2</b>
Bently deache the organization's mission:           IMPROVES MILL CREEK & ITS WATERSHED THROUGH STREAM RESTORATION, GREENWAY CONSTRUCTION, ENVIRONMENTAL EDUCATION, PUBLIC RECREATION & WATER QUALITY WONTTORING. HAS OBTAINED MILLIONS IN STATE & FEDERAL GRANTS: TO SUPPORT THIS           Did the organization undertake any significant program services during the year which were not listed on the prior form 880 or 680.627         Uses: [Ves [X] No           H "Tes," describe these investigation and english of the amount of grants and allocations to others, the total expenses. Section 501(c)(a) and 501(c)(a) organizations are equired to report the amount of grants and allocations to others, the total expenses. Section 501(c)(a) and 501(c)(a) organizations are equired to report the amount of grants and allocations to others, the total expenses, and revenue, large or advisor, and the significant changes in how it conducts, any program services, as messured by expenses. Section 501(c)(a) and 501(c)(a) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, large organization same encienced of revenue, large organization same encienced and revenue, large organization same required to report the amount of grants and allocations to others, the total expenses, and revenue, large organization same required to report the amount of grants and allocations to others, the total expenses, and revenue, large organization same required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(a) and 501(c)(a) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(a) and 501(c)(a) organizations are required to report to the site of grants and allocations to others, the total expenses. Section 501(c)(a) and 501(c)(a) organizations are required to report and allocation	Pa	rt III Statement of Program Service Accomplishments		
<pre>IMPROVES MILL CREEK &amp; ITS WATERSHED THROUGH STREAM RESTORATION, GREENWAY CONSTRUCTION, ENVIRONMENTAL EDUCATION, PUBLIC RECREATION &amp; WATER QUALITY MONITORING. HAS OBTAINED MILLIONS IN STATE &amp; FEDERAL GRANTS TO SUPPORT THIS</pre> 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 580 of 80:27 if 'Vea, 'denote these drages on Schedule 0. 10 'Vea' (Schedule 0.) 10 'Vea' (Schedule 0.) 11 'Vea' (Schedule 0.) 12 'Vea' (Schedule 0.) 13 'Vea' (Schedule 0.) 14 'Vea' (Schedule 0.) 14 'Vea' (Schedule 0.) 15 'Vea' (Schedule 0.) 16 'Vea' (Schedule 0.) 17 'Vea' (Schedule 0.) 18 'Vea' (Schedule 0.) 18 'Vea' (Schedule 0.)		Check if Schedule O contains a response or note to any line in this Part III		
WATER OUALITY MONITORINO. HAS OBTAINED MILLIONS IN STATE & FEDERAL GRANTS TO SUPFORT THIS         2       Ddt the organization undertake any significant program services during the year which were not listed on the prior form 800 or 900-E27       Image: State of the organization cases on Schedule 0.         3       Ddt the organization cases conducting, or make significant transmin how it conducts, any program services.       Image: State of the organization cases on Schedule 0.         4       Describe these charges on Schedule 0.       Image: Schedule 0.       Image: Schedule 0.         5       Describe these charges on Schedule 0.       Image: Schedule 0.       Image: Schedule 0.         4       Describe these charges on Schedule 0.       Image: Schedule 0.       Image: Schedule 0.         4       Cost:       1 (Schedule 0.)       Image: Schedule 0.)       Image: Schedule 0.)         4       Cost:       1 (Schedule 0.)       Schedule 0.)       Image: Schedule 0.)         5       Directers 0.       1 4 5 (A 472.       Image: Schedule 0.)       Image: Schedule 0.)         5       Directers 0.       1 4 5 (A 472.       Image: Schedule 0.)       Image: Schedule 0.)         6       Cost:       1 (Schedule 0.)       Schedule 0.)       Schedule 0.)       Schedule 0.)         1       Directers 1       2 5 (A 43.)       Image: Schedule 0.)       Schedule 0.) </th <th>1</th> <th>IMPROVES MILL CREEK &amp; ITS WATERSHED THROUGH STREAM RESTORATION,</th> <th></th> <th></th>	1	IMPROVES MILL CREEK & ITS WATERSHED THROUGH STREAM RESTORATION,		
GRANTS TO SUPPORT THIS         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990E27       □Yes X No         11 "Yes," describe these new services on Schedule 0.       □Yes (X No         12 Did the organization case conduction, or make significant changes in how it conducts, any program services, as measured by expenses. Secton 501(c)(3) and 501(c)(4) organization seare encompletiments for each of its three largest program services, as measured by expenses.         Secton 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 sector.         (Control PEOPLE WITH THE MILL CREEK: (A) ENVIRONMENTAL & WATER QUALITY EDUCATION; B) FUDURER STREAMENT INTON; B) FUDURER STREAMENT WITH THE CREEK - PADDLING TRIPS, TRAIL WALKING, BIKING, PISHING, BIRDING, HIKING AND OTHER EVENTS; C) OPPORTUNITIES FOR RESIDENT & CITIZEN-SCIENTIST VOLUNTEERS.		· · · · ·		
2 Ddt e organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E27			RAL	
pror Form 390 or 930 or 930 cf 20				
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and there there are an additional total and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and there there are an additional total and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and there there are a total others are required to report the amount of grants and allocations to others, the total expenses, and there there are a total structures and the additional additionadditional additional additional additional additional addit	2	prior Form 990 or 990-EZ?	Yes	XNo
<pre># "vs.' describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(</pre>				77
<pre>Section 501(c)(0) and 501(c)(0) 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 (a) (code 1) (coments 146,472. including grants of s) (comments 2) (comments 2)</pre>	3		Yes	X No
<pre>CONNECT PEOPLE WITH THE MILL CREEK: (A) ENVIRONMENTAL &amp; WATER QUALTY EDUCATION THROUGH STUDENT SERVICE OPPORTUNITIES AND INTERNSHIPS, ADULT EDUCATION; B) PUBLIC RECREATIONAL PROGRAMS CREATING POSITIVE ENGAGEMENT WITH THE CREEK - PADDLING TRIPS, TRAIL WALKING, BIKING, FISHING, BIRDING, HIKING AND OTHER EVENTS; C) OPPORTUNITIES FOR RESIDENT &amp; CITIZEN-SCIENTIST VOLUNTEERS.  40 (code:</pre>	4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	-	Ł
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EDUCATION; E) PUBLIC RECREATIONAL PROGRAMS CREATING POSITIVE ENGAGEMENT         WITH THE CREEK - PADDLING TRIPS, TRAIL WALKING, BIKING, FISHING,         BIRDING, HIKING AND OTHER EVENTS; C) OPPORTUNITIES FOR RESIDENT &         CITIZEN-SCIENTIST VOLUNTEERS.				
<pre>WITH THE CREEK - PADDLING TRIPS, TRAIL WALKING, BIKING, FISHING, BIRDING, HIKING AND OTHER EVENTS; C) OPPORTUNITIES FOR RESIDENT &amp; CITIZEN-SCIENTIST VOLUNTEERS. </pre>				
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D) PADDLER STREAM ACCESS; E) WATER QUALITY MONITORING IN 60+ LOCATIONS;         F) PUBLIC REPORTS ON THE STATE OF THE MILL CREEK; G) ASSISTANCE FOR         LOCAL GOVERNMENTS, CITIZEN GROUPS & URBAN NEIGHBORHOODS TO PLAN & FUND         CREEK IMPROVEMENTS & PUBLIC USES         4c         (code:)(Expenses \$ including grants of \$) (Revenue \$)		· · · ·	TICHTON	
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4c       (Code:) (Expenses \$ including grants of \$) (Revenue \$)		·		
4d     Other program services (Describe on Schedule O.)       (Expenses \$ including grants of \$ ) (Revenue \$ )       4e     Total program service expenses				
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	4e	Total program service expenses 412, 515.	Q(	0 (0000)

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Form 990 (2022) MILL CREEK ALLIANCE
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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	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	3		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? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f		X X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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 Form 990 (2022)
 MILL
 CREEK
 ALLIANCE

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
<b>~</b> ~	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		x
Ь	"Yes," complete Schedule L, Part IV	20a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	200		
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u> </u>
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		╷└──
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		1

(gambling) winnings to prize winners?

Form 990 (2022) MILL CREEK ALLIANCE 31-1465290 Page				age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	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 2a	8		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. <b>2</b> b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. <u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. <u>4a</u>		X
b	If "Yes," enter the name of the foreign country	-		
<b>F</b> .	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
0a		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		- 23
5	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
'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	? <b>7</b> a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f				
g				
h				
8				
	sponsoring organization have excess business holdings at any time during the year?	8		
9				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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 13b	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. <b>14b</b>		L
15	15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?			X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

	Form	990	(2022)
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#### MILL CREEK ALLIANCE

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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 on Schedule O. See instructions. X

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-		2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
Ŭ		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5		5		X
		6		X
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		
7a		7-		x
	more members of the governing body?	7a		
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
-	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedOH			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (section 501(c)(3)	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	.,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records LINDA KELLER - 513-563-8800			

45215

OH

1223 JEFFERSON AVENUE, READING,

Form 990 (2022)	MILL CREEK ALLIANCE	31-1465290 Page 7			
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					
<ul> <li>1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.</li> </ul>					

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both r/trus	n an	compensation	compensation	amount of
	week		cer an	laaa	recio	r/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	dual t	Institutional trustee	<u> </u>	Key employee	Highest compensated employee	Ŀ			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			0
(1) DAVID SCHMITT	40.00									
EXECUTIVE DIRECTOR				x				85,712.	0.	12,194.
(2) JOHN MANGAN	4.00							·		
CHAIR		х		x				0.	0.	0.
(3) PATRICIA O'CONNOR	4.00									
TREASURER		х		х				0.	Ο.	0.
(4) GREG BECHTEL	2.00									
SECRETARY		х		х				0.	Ο.	0.
(5) PETER "ZEB" ACUFF	1.00									
TRUSTEE		х						0.	Ο.	0.
(6) ROBERT ASHBROCK	2.00									
TRUSTEE		х						0.	Ο.	0.
(7) CHRIS CARR	2.00									
TRUSTEE		Х						0.	0.	0.
(8) JOHN CREECH	1.00									
TRUSTEE		Х						0.	0.	0.
(9) LARRY FALKIN	2.00									
TRUSTEE		Х						0.	0.	0.
(10) MICHELE GOTTSCHLICH	2.00									
TRUSTEE		Х						0.	0.	0.
(11) ELIZABETH HORTON	1.00									
TRUSTEE		Х						0.	0.	0.
(12) OLIVER KRONER	1.00									
TRUSTEE		Х						0.	0.	0.
(13) BRIAN ROSS	1.00									
TRUSTEE		Х						0.	0.	0.
(14) BRADFORD MANK	1.00									
TRUSTEE		Х						0.	0.	0.
(15) BREWSTER RHOADS	1.00									
TRUSTEE		Х						0.	0.	0.
(16) CHARLES G SKIDMORE	2.00									
TRUSTEE		Х						0.	0.	0.
(17) MERRIE STILLPASS	1.00									
TRUSTEE		Х						0.	0.	0.

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Form 990 (2022) MILL CRE									31-146	5290	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t Co		, ,		
(A) Name and title	<b>(B)</b> Average hours per week	box,	not c , unles	Pos heck ss per	rson i	) than c s both pr/trus	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F Estim amou oth	nated Int of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	anizations compensions from t	
(18) BRIAN WAMSLEY	1.00		_		×		_			-	
TRUSTEE		Х						0.	0	•	0.
1b Subtotal								85,712.			194.
c Total from continuation sheets to Part VI <u>d</u> Total (add lines 1b and 1c)								0.		• • 12,	0. 194.
2 Total number of individuals (including but n										<u> </u>	-
compensation from the organization										Ye	0 es No
3 Did the organization list any <b>former</b> officer			•	•			Ŭ	• •			
<ul><li>line 1a? If "Yes," complete Schedule J for s</li><li>For any individual listed on line 1a, is the su</li></ul>										3	X
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>										. 4	<u>X</u>
rendered to the organization? If "Yes," con										. 5	X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated ind	leper	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compen	sation from	
the organization. Report compensation for	the calendar ye	ar e	ndir	ng w	rith c	or wi	thin I		ear.	(0)	
(A) Name and business	address	NC	ONE	2				<b>(B)</b> Description of s	ervices	<b>(C)</b> Compensa	ition
							+				
							$\downarrow$				
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nitec	d to	thos C		ted	above) who received me	ore than		

		Check if Schedule O o				(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclud from tax unde sections 512 - 5
ts	1 a	Federated campaigns	<u>1a</u>						
and Other Similar Amounts	b	Membership dues	1b						
Å,	с	Fundraising events	1c						
ar /		Related organizations							
mi	е	Government grants (contr	ibutions) 1e		8,953.				
ŝ	f	All other contributions, gifts,	grants, and						
the		similar amounts not included			428,687.				
Ö	g	Noncash contributions included in	lines 1a-1f	\$	24,240.				
anc	h	Total. Add lines 1a-1f				437,640.			
					Business Code				
	2 a	RESTORATION I	NCOME		561499	57,717.	57,717.		
					561499	26,633.	26,633.		
Revenue	c								
vel	d								
Å	e								
		All other program service	revenue						
		Total. Add lines 2a-2f				84,350.			
	3	Investment income (includ							
	•	•	0			978.			97
	4	Income from investment of							
	5	Royalties		•					
	•		(i) Re		(ii) Personal				
	6 9	Gross rents	6a						
		Gross rents	6b						
		Rental income or (loss)	6c						
		· · · ·							
		Net rental income or (loss)	) (i) Secu	rities	(ii) Other				
	7 a	Gross amount from sales of		nies					
		assets other than inventory	7a						
	b	Less: cost or other basis							
			7b						
			7c						
		Net gain or (loss)							
	8 a		of						
		contributions reported on	-						
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from							
	9 a	Gross income from gamin	-						
		Part IV, line 19							
		Less: direct expenses			l				
		Net income or (loss) from		es	·····				
1	10 a	Gross sales of inventory, I							
		and allowances							
		Less: cost of goods sold							
+	С	Net income or (loss) from	sales of invent	ory					
					Business Code				
e	11 a	MISCELLANEOUS			561499	1,723.	1,723.		
enu	b								
ev	С								
Revenue	d	All other revenue							
	е	Total. Add lines 11a-11d				1,723.			
	12	Total revenue. See instruction	ons			524,691.	86,073.	0.	97

 Form 990 (2022)
 MILL CREEK ALLIANCE

 Part VIII
 Statement of Revenue

Check here

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

26

orm <b>Dar</b>	990 (2022) MILL CREEK A			31-14	65290 Page
	on 501(c)(3) and 501(c)(4) organizations must complete		organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	b, 9b, and 10b of Part VIII.		ĕxpenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	85,712.	70,284.	9,428.	6,00
	Compensation not included above to disqualified	00,114.	,0,2010	J, ±20•	0,00
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	178,406.	146,293.	19,625.	12,48
	Pension plan accruals and contributions (include	1/0/1000	110,2550		
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	37,292.	30,580.	4,102.	2,61
	Payroll taxes	22,005.	18,044.	2,421.	1,54
	Fees for services (nonemployees):	,			
	Management				
	Legal				
	Accounting	3,800.		3,800.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	6,693.	2,000.	2,093.	2,60
2	Advertising and promotion	192.	150.	38.	
13	Office expenses	7,394.	180.	1,303.	5,91
	Information technology				
15	Royalties				
6	Occupancy	1,605.	1,316.	177.	11
	Travel	4,947.	454.	4,446.	4
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	405		250	
	Conferences, conventions, and meetings	405.	55.	350.	
	Payments to affiliates	2,288.	1,876.	252.	160
	Depreciation, depletion, and amortization	3,285.	2,694.	361.	230
	Insurance	5,205.	4,094.	JUT •	23
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	RESTORATION PROJECT EXP	93,185.	93,185.		
b	SUPPLIES	27,346.	23,787.	3,273.	28
с	IN-KIND EXPENSES	24,240.	19,877.	2,666.	1,69
d	COMMUNICATIONS	5,058.	1,277.	1,623.	2,158
	All other expenses	1,552.	463.	944.	145
е		505,405.	412,515.	56,902.	35,988

MILL CREEK	ALLIANCE
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					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			246,800.	1	246,605
	2	Savings and temporary cash investments			81,242.	2	86,250
	3				01,212.	3	00,250
	4	Pledges and grants receivable, net			295.	4	395
	5	Loans and other receivables from any current or		fficer director	255.		
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqualit				3	
	0	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
ets	8					8	
Assets	9	Inventories for sale or use Prepaid expenses and deferred charges			3,327.	9	3,327
		Land, buildings, and equipment: cost or other	I I	·····	575274		57527
		basis. Complete Part VI of Schedule D	102	161 751			
	h	Less: accumulated depreciation	10a	<u>161,751.</u> 22,871.	141,167.	10c	138,880
	11	Investments - publicly traded securities			111/10/1	11	5,607
	12	Investments - other securities. See Part IV, line 1				12	5,007
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			472,831.	16	481,064
	17	Accounts payable and accrued expenses			7,899.	17	6,075
	18	Grants payable			7,000.	18	0,015
	19	Deferred revenue		12,028.	19	12,028	
	20			12,020.	20	12,020	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete I		O de la de la D		20	
	22	Loans and other payables to any current or form				21	
LIADIIITIES	~~~	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				22	
Га	23	Secured mortgages and notes payable to unrela				22	
	23	Unsecured notes and loans payable to unrelated				23	
	24	Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines					
		of Schedule D	o 17-24).		9,187.	25	-42
	26				29,114.	26	18,061
	20	Organizations that follow FASB ASC 958, che		X	25,114.	20	10,001
ŝ		and complete lines 27, 28, 32, and 33.					
Š	27				371,235.	27	317 296
ala	28				72,482.	28	<u>317,296</u> 145,707
	20	Organizations that do not follow FASB ASC 9	/2,402.	20	145,707		
5		and complete lines 29 through 33.	56, chec				
5	29				29		
2	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ec		fund		30	
551	30	Retained earnings, endowment, accumulated in		F		30	
Net Assets or Fund Balances	32				443,717.	32	463,003
Ž		Total net assets or fund balances			472,831.	32	481,064
	33	Total liabilities and net assets/fund balances			±/2/051•	<b>J</b> J	Form <b>990</b> (20)

Form 990 (2022)
Part X Balance Sheet

Form	1 990 (2022) MILL CREEK ALLIANCE	31-1465	290	Pad	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				4
	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	524	1,6	91.
2	Total expenses (must equal Part IX, column (A), line 25)	2	505	5,4	05.
3	Revenue less expenses. Subtract line 2 from line 1	3	19	),28	86.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	443	3,7:	17.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	463	3,0	03.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection

OMB No. 1545-0047

Nam	e of t	of the organization       Employer identification numl         MILL CREEK ALLIANCE       31–1465290         I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
								1-1465290	
Par	τI	Reason for Public (	Charity Status.	(All organizations must c	omplete tl	nis part.) S	ee instruction	IS.	
The c	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	1 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).		
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	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:							
10		An organization that norma							
		activities related to its exem							-
		income and unrelated busir		(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor							
11		An organization organized a	-	•	•				
12		An organization organized a	-	-				•	
		more publicly supported or	-						neck the box on
		lines 12a through 12d that	• •			-		-	
а		<b>Type I.</b> A supporting orga	-	-	• • • •	-			
		the supported organization			majority c	of the alrea	ctors or truste	es of the su	ipporting
h		organization. You must o	-		ion with it		d organizatio	n(a) by bay	ina
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o organization(s). <b>You mus</b>			ame perso	ns that co	ntroi or mana	ye me supp	Joned
с		Type III functionally inte			in connect	tion with	and functional	llv integrate	d with
U	L	its supported organization		·				ily integrate	a with,
d		<b>Type III non-functionally</b>	. , .	•	-	-		ted organiz	ration(s)
u	L	that is not functionally int						-	
		requirement (see instructi	<b>c</b>	<b>o</b> ,			-	anatonin	
е		Check this box if the orga						II. Type III	
•		functionally integrated, or					.)pe., .)pe	, . , p e	
f	Ente	er the number of supported c			3 - 3				
g	Pro	vide the following information	about the supporte						
		i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount of	2	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota									
LHA	For P	Paperwork Reduction Act N	lotice, see the Instru	uctions for Form 990 or	990-EZ.	232021 12-	09-22	Sche	dule A (Form 990) 2022

Cab	edule A (Form 990) 2022 M	ILL CREEK	<b>AI.I.TANCE</b>			31-146	5290 Page <b>2</b>
	IT II Support Schedule for (Complete only if you checked fails to qualify under the tests	<b>Organizations</b> d the box on line 5	Described in , 7, or 8 of Part I o	r if the organizatior		170(b)(1)(A)(vi	i)
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	459,583.	494,186.	403,736.	354,899.	437,640.	2150044.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	459,583.	494,186.	403,736.	354,899.	437,640.	2150044.
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)						145,465.
	Public support. Subtract line 5 from line 4.						2004579.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	459,583.	494,186.	403,736.	354,899.	437,640.	2150044.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	762.	2,045.	81.	9.	978.	3,875.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				3,454.		3,454.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,920.	15,979.	6,338.	70,696.	1,723.	96,656.
11	Total support. Add lines 7 through 10						2254029.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	566,343.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, <sup>.</sup>	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	88.93 %
15	Public support percentage from 2021					15	<b>93.</b> 57 9
16a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box

b 33 1/3% support test - 2021. 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
17a 10% -facts-and-circumstances test - 2022. 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
b 10% -facts-and-circumstances test - 2021. 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

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

Schedule A (Form 990) 2022

3,875.

3,454.

96,656. 2254029. 566,343.

%

%

MTT.T.	CREEK	ALLIANCE
1.1 T T T T		ADDIANCD

art III	Support Schedule for	Organizations I	Described in S	Section 509(a)(2)	

(Complete only if you checked the box on line 10 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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e	<b>e)</b> 2022	<b>(f)</b> Total
1 Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.")							
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-							
iness under section 513							
4 Tax revenues levied for the organ- ization'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>b</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 exceed to 20 for the units.							
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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	1	e) 2022	(f) Total
9 Amounts from line 6		(6) 2019	(0) 2020	(0) 2021	- "	5 2022	(1) 10tai
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
<b>b</b> Unrelated business taxable income							
(less section 511 taxes) from businesses							
acquired after June 30, 1975							
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)							
<b>14 First 5 years.</b> If the Form 990 is for the	ne organization's fi	rst, second, third, <sup>-</sup>	fourth, or fifth tax	year as a section 5	01(c)(3	) organizatio	n,
Section C. Computation of Public					<del></del>		
<b>15</b> Public support percentage for 2022 (I			column (f))		15		%
16 Public support percentage from 2021	1	1			16		%
Section D. Computation of Inves		•			<del></del>		
17 Investment income percentage for 20			ne 13, column (f))		17		%
<b>18</b> Investment income percentage from					18		%
19a 33 1/3% support tests - 2022. If the						5, and line 17	' is not
more than 33 1/3%, check this box a	-	-					L
<b>b 33 1/3% support tests - 2021.</b> If the	-						
line 18 is not more than 33 1/3%, che							
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	tructio	ns	

MILL CREEK ALLIANCE

1

Yes

No

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **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)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A	(Form 990) 2022	MILL	CREEK	ALLIANCE
Part IV	Supporting Organia	zations (	continued)	

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

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

#### supervised, or controlled the supporting organization. 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 Sup	porting	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 on line 2, above, 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	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- **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	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **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.*

2a

2b

3a

No

Yes

Sect	tion 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		
Sect	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2		2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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).

Schedule A (Form 990) 2022

0) 2022	MILL	CREEK	ALLIANCE

Schedule A (Form 990

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 Nov. 20, 1970 (*explain in* **Part VI**). See instructions.

che	dule A (Form 990) 2022 MILL CREEK AL	LIANCE		31	L-1465290 <sub>P</sub>
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ied)	
ecti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount			10	
ecti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 202
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
-	Remaining underdistributions for years prior to 2022, if				
5	nemaining underdistributions for years phor to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				

t greater than zero, explain in res Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

<u>Schedule</u> A			ALLIANCE	31-1465290 Page 8
Part VI	Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a	8c, 4b, 4c, 5a, nd 3; Part IV,	6, 9a, 9b, 9c, 11a, 11b, and 11c Section E, lines 1c, 2a, 2b, 3a, a	, line 10; Part II, line 17a or 17b; Part III, line 12; ; Part IV, Section B, lines 1 and 2; Part IV, Section C, nd 3b; Part V, line 1; Part V, Section B, line 1e; Part V, ete this part for any additional information.

		0		<b>0</b> 1			1		1545-0047
SC	SCHEDULE D Supplemental Financial Statements							<u>1343-0047</u>	
(Forr	Form 990) 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.						ZU	ZZ	
Department of the Treasury Attach to Form 990.								to Public	
	I Revenue Service e of the organizati		U for instructions a	na the	atest information.	Emn	lovor	Inspec	on number
Nam	0	MILL CREEK ALLIANC				-	31	L-1465	290
Pa		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin		er Sir	nilar Funds or Ac	coun	<b>ts.</b> (	Complete if	the
	organizatio	franswered fes of Form 990, Partiv, in	(a) Donor ad	dvicod	funde (	b) Euro	de and	other acco	
	Tatal works an at a			JVISEU		<b>b)</b> Full	us anu	other acco	Junts
1 2		nd of year f contributions to (during year)							
2		f grants from (during year)							
4		t end of year							
5		on inform all donors and donor advisors in v			l in donor advised fund	s			
-	-	on's property, subject to the organization's	-					Yes	No
6		on inform all grantees, donors, and donor a							
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or fo	or any	other purpose conferri	ng			
	impermissible priv							Yes	No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered	"Yes"	on Form 990, Part IV,	line 7.			
1	Purpose(s) of cons	servation easements held by the organization	on (check all that ap	ply).					
	Preservation	n of land for public use (for example, recrea	tion or education)		Preservation of a histo	rically	import	ant land ar	ea
	Protection o	f natural habitat			Preservation of a certit	fied his	storic s	tructure	
		n of open space							
2	•	through 2d if the organization held a qualif	fied conservation co	ntribut	ion in the form of a cor	nservat			
	day of the tax year.						Held a	t the End of	the Tax Year
a		onservation easements				2a			
b									
C									
a	d Number of conservation easements included in (c) acquired after July 25,2006, and not on a								
3		isted in the National Register			minated by the organi	2d	durina	the tax	
3	year	valion easements mouned, transiered, rei	eased, extilliguisiled	, or ter	minated by the organiz	Lation	uunny	ITE IAX	
4		 where property subject to conservation eas	sement is located						
5		tion have a written policy regarding the per		pectio	n. handling of				
-	•	orcement of the conservation easements it		•				Yes	No
6	,	r hours devoted to monitoring, inspecting,						during the	year
7	Amount of expens	ses incurred in monitoring, inspecting, hand	lling of violations, an	d enfo	rcing conservation eas	sement	s durir	ng the year	
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the require	ments	of section 170(h)(4)(B)(	[i)			
	and section 170(h)	)(4)(B)(ii)?						Yes	No
9	In Part XIII, descrit	be how the organization reports conservation	on easements in its i	revenu	e and expense statem	ent and	b		
		d include, if applicable, the text of the footr	note to the organizat	ion's fi	nancial statements that	t desc	ribes t	he	
Dai		ounting for conservation easements. ations Maintaining Collections of	Art Historical	Troa	sures or Other S	imilar		ote	
Fai		f the organization answered "Yes" on Form		nea	sures, or other s	iiiiai	A33	C13.	
10		-		rovon	up statement and hale	noo ob	oot w	rko	
Id	<b>1a</b> If the organization elected, as permitted under FASB 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									
~	-								
	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:								
	•	ded on Form 990, Part VIII, line 1				S	\$		
		ed in Form 990, Part X					\$		
2		received or held works of art, historical treat							
	the following amou	unts required to be reported under FASB A	SC 958 relating to th	nese it	ems:				

а	Revenue included on Form 990, Part \	/III, line 1	\$
b	Assets included in Form 990, Part X		\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

Sche	Chedule D (Form 990) 2022 MILL CREEK ALLIANCE 31-1465290 Page 2										
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	<sup>·</sup> Other	<sup>-</sup> Simila	r Assets	(conti	nued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 I	Loan or exc	hange progra	ım					
b	Scholarly research	e	• 🗌 (	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	storical treas	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered "	Yes" on	Form 990	), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for c	ontribution	s or other ass	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						. 1e				
f	Ending balance						lf		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cl	ustodial accou	unt liabili	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete										
		(a) Current year	(b) P	rior year	(c) Two year	's back	(d) Three y	ears back	<b>(e)</b> Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•		i, column (a)	)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с		<u>%</u>									
0-	The percentages on lines 2a, 2b, and 2c sho	•		have bald av		<i>f</i> + -	_				
Ja	Are there endowment funds not in the posse	ession of the organiza	ation that	are neid ar	ia administer	ed for the	е		1	Yes	No
	organization by: (i) Unrelated organizations								20(1)	103	
	()								<u>3a(i)</u> 3a(ii)		
h	(ii) Related organizations								3b		
4	Describe in Part XIII the intended uses of the								50		
<u> </u>	t VI Land, Buildings, and Equipm		witherite it								
	Complete if the organization answere		), Part IV	, line 11a. S	ee Form 990.	Part X,	line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr	other	(b) Cost	or other (other)	(c) A	ccumulate		( <b>d)</b> Boo	k valu	е
4-	Land	· · · · ·	nenty		8,880.	ue	JI COLATION		12	<u>a a</u>	80.
	Land			т э	0,000.				10	0,0	
	Buildings										
	Leasehold improvements			ົ່	2,871.		22,8	71			0.
	Equipment			<u> </u>	<u>,,,,,</u>		22,0	<u>,                                    </u>			0.
	Other		X and						1 २	8,8	80
Total	. Add lines 1a through 1e. (Column (d) must e	iqual Form 990, Part	<u>л, colum</u>	п (В), line 1	UC.)			<u></u>			

Schedule D (Form 990) 2022

#### MILL CREEK ALLIANCE Schedule D (Form 990) 2022 Part VII Investments - Other Securities. 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) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes PAYROLL LIABILITIES -42(2) (3) (4) (5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

-42.

Sche	dule D (Form 990) 2022 MILL CREEK ALLIANCE		31-1465290 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Reven	ue 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		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		ises 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
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t 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 O (Form 990) 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 Form 990-EZ.

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

Employer identification number 31-1465290

OMB No. 1545-0047

Open to Public

Inspection

MILL CREEK ALLIANCE

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE ENVISION THE WATERSHED AS A HEALTHY ECOSYSTEM WHERE PEOPLE AND

COMMUNITIES CAN THRIVE.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD

PRIOR TO SIGNING AND IS PROVIDED TO ALL BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL ACTIVITY IS MONITORED BY THE BOARD. ON AN ANNUAL BASIS, ALL BOARD

MEMBERS ARE REQUIRED TO DECLARE ANY ACTUAL OR POTENTIAL CONFLICTS OF

INTEREST. IF IT IS DETERMINED THAT A CONFLICT OF INTEREST EXISTS, THAT

MEMBER IS REMOVED FROM DECISION-MAKING AND VOTING ON THAT ISSUE.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION PROCESS FOR THE TOP OFFICIAL IS LED BY THE EXECUTIVE

COMMITTEE. AN IN-DEPTH COMPARATIVE SALARY ANALYSIS IS CARRIED OUT EVERY 3

YEARS. IN OTHER YEARS, A SURVEY OF LOCAL AND COMPARABLE ORGANIZATIONS IS

CARRIED OUT. COMPENSATION FOR STAFF IS LED BY THE EXECUTIVE DIRECTOR AND

EVALUATES LOCALMARKETS, PERFORMANCE, & ORGANIZATIONAL GOALS, AND

ORGANIZATIONAL RESOURCES. THE EXECUTIVE DIRECTOR RECOMMENDS STAFF SALARY

ADJUSTMENTS WHICH ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF FORM 990 MAY BE REQUESTED AT THE ORGANIZATION'S OFFICE OR ON THE

COMPANY'S WEBSITE AND ON GUIDESTAR.