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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 03/01, 2008, **and ending** 02/28, 2009

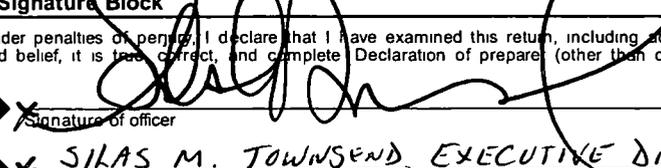
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BURLINGTON COUNTY COMMUNITY ACTION PR Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 718 ROUTE 130 SOUTH City or town, state or country, and ZIP + 4 BURLINGTON, NJ 08016	D Employer identification number 22-1804209
	F Name and address of principal officer MR. WILLIAM PROBSTING 718 ROUTE 130 SOUTH, BURLINGTON, NJ 08016-1276	E Telephone number (609) 386-5800
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) 4947(a)(1) or 527	G Gross receipts \$ 19,881,219.
	J Website: WWW.BCCAP.ORG	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation 1965	M State of legal domicile NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>TO FUND PROGRAMS THAT PROVIDE HOUSING AND SUPPORT TO LOW INCOME FAMILIES AND TO FUND EDUCATIONAL PROGRAMS BENEFITING LOW INCOME CHILDREN.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of employees (Part V, line 2a)	5	220
	6 Total number of volunteers (estimate if necessary)	6	107
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2d)	370,173.	523,956.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		NONE
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 7c, 9c, 10c, and 11e)		NONE
	12 Total revenue Add lines 8-11 (must equal Part VIII, column (A), line 12)	17,353,606.	19,881,219.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,179,293.	9,415,678.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,718,590.	6,824,771.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses, Part IX, column (D), line 25)	NONE	NONE
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,481,279.	3,589,643.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	17,379,162.	19,830,092.
19 Revenue less expenses Subtract line 18 from line 12	-25,556.	51,127.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	8,610,199.	7,501,320.
	22 Net assets or fund balances Subtract line 21 from line 20	6,846,319.	5,686,313.
		1,763,880.	1,815,007.

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 Here
 Signature of officer  Date **1-14-10**
 SILAS M. TOWNSEND, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature  Date 1/12/10 Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) P00252478
	Firm's name (or yours if self-employed), address, and ZIP + 4 REZNICK GROUP, P. C. EIN 52-1088612 500 EAST PRATT STREET, SUITE 200 BALTIMORE, MD 21202-3100 Phone no 410-783-4900

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

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

Form 990 (2008)

SCANNED JAN 23 2010

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

TO FUND PROGRAMS THAT PROVIDE HOUSING AND SUPPORT TO LOW INCOME
FAMILIES AND TO FUND EDUCATIONAL PROGRAMS BENEFITING LOW INCOME
CHILDREN.

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

If "Yes" describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 4,248,883. including grants of \$ _____) (Revenue \$ 4,608,448.)

HEAD START & HANDICAP PROGRAM. EMPHASIZES EARLY CHILDHOOD
DEVELOPMENT, HEALTH CARE & NUTRITION. THE PROGRAM IS RUN IN
5 SEPERATE CENTERS BENEFITING 400 PLUS CHILDREN AGES 3-5 YRS
IN AGE.

4b (Code _____) (Expenses \$ 13,229,624. including grants of \$ 9,272,308.) (Revenue \$ 14,220,400)

STATE OF NEW JERSEY PROGRAMS FOR LOW INCOME INDIVIDUALS.
THESE PROGRAMS INCLUDE CHILDCARE ASSISTANCE, TRANSITIONAL
FAMILY ASSITANCE, COMMUNITY PROGRAMS AND WEATHERIZATION.

4c (Code _____) (Expenses \$ 709,389. including grants of \$ 143,370.) (Revenue \$ 528,415.)

BURLINGTON COUNTY PROGRAMS FOR LOW INCOME INDIVIDUALS.
THESE PROGRAMS INCLUDE HOUSING ASSISTANCE. EMERGENCY HOME
REPAIR, HOMELESSNESS PREVENTION, AND HEATER REPLACEMENT.

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 18,187,896. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No responses. Includes questions 1a through 12b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

Table with 11 rows of questions and 3 columns: Question, Yes, No. Includes sub-questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9a, 9b, 10, 11.

Section B. Policies

Table with 12 rows of questions and 3 columns: Question, Yes, No. Includes sub-questions 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed - NJ
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization - MARY L. SCANLON, CONTROLLER 718 ROUTE 130 SOUTH, BURLINGTON, NJ 08016-1276 609-386-5800

Part VIII Statement of Revenue

22-1804209

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 51,692.			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 472,264.			
	g Noncash contributions included in lines 1a-1f \$	471,223.			
	h Total. Add lines 1a-1f		523,956.		
Program Service Revenue	Business Code				
	2a HEAD START		4,608,448.	4,608,448	
	b NEW JERSEY		14,220,400.	14,220,400	
	c BURLINGTON COUNTY		528,415.	528,415.	
	d				
	e				
	f All other program service revenue				
g Total. Add lines 2a-2f		19,357,263			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		NONE		
	4 Income from investment of tax-exempt bond proceeds		NONE		
	5 Royalties		NONE		
		(i) Real (ii) Personal			
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)		NONE		
		(i) Securities (ii) Other			
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)		NONE		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b Less direct expenses	b			
	c Net income or (loss) from fundraising events		NONE		
	9a Gross income from gaming activities See Part IV, line 19	a			
b Less direct expenses	b				
c Net income or (loss) from gaming activities		NONE			
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory		NONE			
Miscellaneous Revenue		Business Code			
11a _____					
b _____					
c _____					
d All other revenue					
e Total. Add lines 11a-11d		NONE			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		19,881,219.	19,357,263.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	9,415,678.	9,415,678.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	NONE			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	5,348,466.	4,618,880.	729,586.	NONE
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). .	88,463.	88,463.	NONE	NONE
9 Other employee benefits	817,461.	717,214.	100,247.	NONE
10 Payroll taxes	570,381.	500,434.	69,947.	NONE
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	492.	373.	119.	NONE
c Accounting	102,570.	77,800.	24,770.	NONE
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	NONE			
12 Advertising and promotion	NONE			
13 Office expenses	NONE			
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	170,848.	131,783.	39,065.	NONE
17 Travel	92,661.	90,593.	2,068.	NONE
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	135,318.	125,299.	10,019.	NONE
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	320,878.	NONE	320,878.	NONE
23 Insurance	165,973.	156,527.	9,446.	NONE
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a UTILITIES -----	261,523.	201,725.	59,798.	NONE
b REPAIRS & MAINTENANCE -----	122,011.	94,113.	27,898.	NONE
c OTHER EXPENSES -----	751,647.	708,869.	42,778.	NONE
d CONTRACTED LABOR & SERVICES -----	411,054.	311,788.	99,266.	NONE
e STAFF TRAINING -----	355,769.	335,521.	20,248.	NONE
f All other expenses -----	698,899.	612,836.	86,063.	NONE
25 Total functional expenses Add lines 1 through 24f	19,830,092.	18,187,896.	1,642,196.	NONE
26 Joint Costs Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	3,251,901.	1	2,545,496.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	417,855.	3	383,581.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net STMT. 2	67,430.	7	83,212.
	8	Inventories for sales or use		8	
	9	Prepaid expenses and deferred charges STMT. 3	43,274.	9	68,482.
	10a	Land, buildings, and equipment: cost basis 10a	7,741,294.		
	b	Less accumulated depreciation. Complete Part VI of Schedule D 10b	3,632,600.		
			4,375,384.	10c	4,108,694.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets See Part IV, line 11	454,355.	15	311,855.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,610,199.	16	7,501,320.	
Liabilities	17	Accounts payable and accrued expenses	1,380,144.	17	904,666.
	18	Grants payable		18	
	19	Deferred revenue	2,136,203.	19	1,762,002.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties STMT. 4	3,329,972.	23	3,019,645.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	6,846,319.	26	5,686,313.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,763,880.	27	1,815,007.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,763,880.	33	1,815,007.
	34	Total liabilities and net assets/fund balances.	8,610,199.	34	7,501,320.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	14,351,460.	219,821.	297,666.	370,173.	523,956	15,763,076.
2 Tax revenues levied for the organization'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 1-3	14,351,460	219,821	297,666.	370,173.	523,956	15,763,076
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						15,763,076

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	14,351,460.	219,821	297,666.	370,173.	523,956	15,763,076
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,261.	NONE	354.	NONE	NONE	25,615.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						15,788,691.
12 Gross receipts from related activities, etc (See instructions)					12	65,434,900
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.84 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.91 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12).

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization: BURLINGTON COUNTY COMMUNITY ACTION PROGRAM; Employer identification number: 22-1804209

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes/No, 6 Did the organization inform all grantees... Yes/No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a-2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 8/17/06. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes/No. 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes/No. 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 Schedule D (Form 990) 2008

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		656,659.		656,659.
b Buildings		5,618,323.	2,251,654.	3,366,669.
c Leasehold improvements				
d Equipment		1,466,312.	1,380,946.	85,366.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				4,108,694.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (19,881,219). Line 2: Total expenses (19,830,092). Line 3: Excess or (deficit) for the year (51,127). Line 10: Excess or (deficit) for the year per financial statements (51,127).

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for revenue reconciliation. Line 1: Total revenue, gains, and other support per audited financial statements (19,881,219). Line 3: Subtract line 2e from line 1 (19,881,219). Line 5: Total revenue. Add lines 3 and 4c. (19,881,219).

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation. Line 1: Total expenses and losses per audited financial statements (19,830,092). Line 3: Subtract line 2e from line 1 (19,830,092). Line 5: Total expenses. Add lines 3 and 4c. (19,830,092).

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

Series of horizontal dashed lines provided for entering supplemental information.

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CHILD CARE SERVICES	7,499	9,244,611			
EMERGENCY HOUSING REPAIRS	18	36,546.			
HOMELESS PREVENTION	124	132,924.			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING GRANTS

PART I, LINE 2

THE ORGANIZATION PROVIDES NO DIRECT ASSISTANCE TO INDIVIDUALS. RATHER THE ORGANIZATION MAKES PAYMENTS TO THIRD-PARTIES ON BEHALF OF THE SPONSORED INDIVIDUAL.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

BURLINGTON COUNTY COMMUNITY ACTION PROGRAM

22-1804209

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MR. HENRY ADAMS TREASURER	1.	X		X				NONE	NONE	NONE
MS. ALTOONA PAYNE BOARD MEMBER	1.	X						NONE	NONE	NONE
MR. HENRY GILYARD 2ND VICE PRESIDENT	1.	X		X				NONE	NONE	NONE
MR. WILLIAM PROBSTING PRESIDENT	1.	X		X				NONE	NONE	NONE
MS. BARBARA NIXON ALT. BOARD MEMBER	1.	X						NONE	NONE	NONE
MS. ERMA TUCKER BOARD MEMBER	1.	X						NONE	NONE	NONE
MS. LYNETTE CLEMONS BOARD MEMBER	1.	X						NONE	NONE	NONE
MS. KATRINA WRIGHT, ESQUIRE BOARD MEMBER	1.	X						NONE	NONE	NONE
MS. MARCIA PHIFER ALT. BOARD MEMBER	1.	X						NONE	NONE	NONE
MS. ODESSA JOHNSON SECRETARY	1.	X		X				NONE	NONE	NONE
MR. W. FREDERICK C. KNIGHTEN, III BOARD MEMBER	1.	X						NONE	NONE	NONE
MS. MARY LAWRENCE 1ST VICE PRESIDENT	1.	X		X				NONE	NONE	NONE
MS. OPRAH HODGE ALT. BOARD MEMBER	1.	X						NONE	NONE	NONE
MR. MELVIN WARREN BOARD MEMBER	1.	X						NONE	NONE	NONE
MR. FRED JONES BOARD MEMBER	1.	X						NONE	NONE	NONE
MS. PATRICIA DIXON BOARD MEMBER	1.	X						NONE	NONE	NONE
MS. LULA RUDD BOARD MEMBER	1.	X						NONE	NONE	NONE
MS. KATHRYN TOWNES BOARD MEMBER	1.	X						NONE	NONE	NONE
MS. BEATRICE ADMORE ALT. BOARD MEMBER	1.	X						NONE	NONE	NONE
MS. RAJA GILYARD ALT. BOARD MEMBER	1.	X						NONE	NONE	NONE
MS. VALERIE HOLMAN ALT. BOARD MEMBER	1.	X						NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1 000

27432K 7704 01/11/2010 11:06:17 V08-8.3 58-02230-5000

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

BURLINGTON COUNTY COMMUNITY ACTION PROGRAM

Employer identification number

22-1804209

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		121,329.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>STMT 6</u>)		426.	349,894.	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** NONE

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

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

Schedule M (Form 990) 2008

JSA

8E1298 1 000

Name of the organization

Employer identification number

BURLINGTON COUNTY COMMUNITY ACTION PROGRAM

22-1804209

BOARD REVIEW OF 990

PART VI SECTION A LINE 10

A DRAFT OF THE FORM 990 IS REVIEWED AND AUTHORIZED BY A MEMBER OF THE

BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

Name of the organization

Employer identification number

BURLINGTON COUNTY COMMUNITY ACTION PROGRAM

22-1804209

CONFLICT OF INTEREST

PART VI SECTION B LINE 12C

BOARD AND STAFF REVEAL ANY POSSIBLE CONFLICT OF INTEREST THAT THEY MAY

HAVE.

Name of the organization

Employer identification number

BURLINGTON COUNTY COMMUNITY ACTION PROGRAM

22-1804209

GOVERNING DOCUMENTS AND POLICIES

PART VI, SECTION C LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE FOR

PUBLIC INSPECTION AT THE ORGANIZATION'S OFFICE DURING REGULAR BUSINESS

HOURS UPON REQUEST. THE DOCUMENTS ARE ALSO FILED WITH THE STATE OF NEW

JERSEY, AND ARE AVAILABLE UPON REQUEST.

Name of the organization

Employer identification number

BURLINGTON COUNTY COMMUNITY ACTION PROGRAM

22-1804209

OTHER EXPENSES

PART IX LINE 24F

	PROGRAM	MANAGEMENT	FUNDRAISING
EQUIPMENT RENTAL	45,605	13,915	NONE
TELEPHONE	83,064	5,013	NONE
POSTAGE AND SHIPPING	39,894	2,407	NONE
PRINTING AND PUBLICATIONS	18,551	1,120	NONE
SUPPLIES	425,722	63,608	NONE
TOTAL	612,836	86,063	NONE

Name of the organization

Employer identification number

BURLINGTON COUNTY COMMUNITY ACTION PROGRAM

22-1804209

REASON FOR LATE FILING

(SECOND EXTENSION)

A SECOND EXTENSION WAS INADVERTENTLY NOT FILED DUE TO A CLERICAL ERROR.

THE RETURN HAS BEEN FILED BY WHAT WOULD HAVE BEEN THE SECOND EXTENDED DUE

DATE.

Name of the organization

Employer identification number

BURLINGTON COUNTY COMMUNITY ACTION PROGRAM

22-1804209

COMPENSATION

PART VI SECTION B LINE 15

AN ANNUAL WAGE COMPARABILITY STUDY IS COMPLETED FOR ALL POSITIONS.

Name of the organization BURLINGTON COUNTY COMMUNITY ACTION PROGRAM	Employer identification number 22-1804209
--	--

BUSINESS RELATIONSHIP

PART VI SECTION A LINE 2

THE FOLLOWING OFFICERS AND DIRECTORS ARE ALSO OFFICERS AND DIRECTORS OF A RELATED TAX-EXEMPT ORGANIZATION, BCCAP-SH, INC.:

NAME	TITLE	AVE. HOURS
HENRY ADAMS	SECRETARY	1
HENRY GILYARD	BOARD MEMBER	1
WILLIAM PROBSTING	VICE PRESIDENT	1
ODESSA JOHNSON	PRESIDENT	1
W. FREDERICK C. KNIGHTEN, III	TREASURER	1
MARY LAWRENCE	BOARD MEMBER	1
MELVIN WARREN	BOARD MEMBER	1

Name of the organization

BURLINGTON COUNTY COMMUNITY ACTION PROGRAM

Employer identification number

22-1804209

FAMILY RELATIONSHIP

PART VI SECTION A LINE 2

THE FOLLOWING MEMBERS OF THE BOARD OF DIRECTORS ARE RELATED TO ONE

ANOTHER:

NAME	RELATED MEMBER	RELATIONSHIP
HENRY GILYARD	RAJA L. GILYARD	FATHER/DAUGHTER
FRED JONES	OMAR JONES	FATHER/SON
OMAR JONES	JENNIFER JONES	HUSBAND/WIFE
FRED JONES	JENNIFER JONES	FATHER-IN-LAW/DAUGHTER-IN-LAW

Name of the organization

Employer identification number

BURLINGTON COUNTY COMMUNITY ACTION PROGRAM

22-1804209

ALTERNATE BOARD MEMBERS

PART VII, SECTION A

THE FOLLOWING INDIVIDUALS ARE LISTED ON PART VII, SECTION A OF THE FORM

990. THESE INDIVIDUALS ARE ALTERNATE BOARD MEMBERS WHO MAY VOTE ONLY IN

PLACE OF AN ACTIVE BOARD MEMBER WHO IS UNABLE TO VOTE.

ALTERNATE BOARD MEMBERS:

BEATRICE ADMORE

RAJA GILYARD

JENNIFER JONES

OPRAH HODGE

VALERIE HOLMAN

BARBARA NIXON

MARCIA PHIFER

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d	X	
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)	BCCAP-SH, INC.	D	65,833.
(2)			
(3)			
(4)			
(5)			
(6)			

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

REZNICK GROUP
500 EAST PRATT STREET
BALTIMORE, MD 21202

ACCOUNTING

127,940.

TOTAL COMPENSATION

127,940.
=====

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

=====

BORROWER: DUE FROM AFFILIATE

BEGINNING BALANCE DUE	67,430.
ENDING BALANCE DUE	83,212.

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	67,430.
--	---------

=====

TOTAL ENDING NOTES AND LOANS RECEIVABLES	83,212.
--	---------

=====

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	43,274.	68,482.
TOTALS	43,274.	68,482.

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

=====

LENDER: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY
 ORIGINAL AMOUNT: 3,057,464.
 INTEREST RATE: 4.400000
 DATE OF NOTE: 03/01/2003
 MATURITY DATE: 03/15/2023
 REPAYMENT TERMS: MONTHLY PAYMENTS OF \$19,977
 SECURITY PROVIDED: FIRST LIEN ON ALL PROPERTY AND ASSETS OF THE ORG.
 PURPOSE OF LOAN: REFINANCE PRIOR MORTGAGES

BEGINNING BALANCE DUE 2,650,640.
 ENDING BALANCE DUE 2,520,222.

LENDER: COMMERCE BANK
 ORIGINAL AMOUNT: 200,000.
 INTEREST RATE: 5.000000
 DATE OF NOTE: 11/26/2003
 MATURITY DATE: 01/01/2014
 REPAYMENT TERMS: MONTHLY PAYMENTS OF \$2,084 INCLUDING INT.
 SECURITY PROVIDED: CERTAIN REAL AND COMMERCIAL PROPERTY
 PURPOSE OF LOAN: TO CONSTRUCT THE LUMBERTON AND DELANCO PROPERTIES

BEGINNING BALANCE DUE 135,810.
 ENDING BALANCE DUE 121,190.

LENDER: WACHOVIA
 INTEREST RATE: 9.000000
 MATURITY DATE: 02/15/2016
 REPAYMENT TERMS: MONTHLY PAYMENTS OF \$1,762 PER MONTH INCLUDES INT.
 SECURITY PROVIDED: LAND, BUILDINGS AND EQUIPMENT
 PURPOSE OF LOAN: CONSTRUCTION

BEGINNING BALANCE DUE 120,189.
 ENDING BALANCE DUE 109,132.

LENDER: WACHOVIA
 INTEREST RATE: 6.000000
 MATURITY DATE: 06/30/2009
 REPAYMENT TERMS: MONTHLY PAYMENTS OF \$952 INCLUDING INTEREST
 SECURITY PROVIDED: LAND, BUILDINGS AND EQUIPMENT
 PURPOSE OF LOAN: CONSTRUCTION

BEGINNING BALANCE DUE 12,649.
 ENDING BALANCE DUE 3,195.

LENDER: WACHOVIA
 INTEREST RATE: 6.000000
 MATURITY DATE: 06/30/2009
 REPAYMENT TERMS: MONTHLY PAYMENTS OF \$227 INCLUDING INTEREST
 SECURITY PROVIDED: LAND, BUILDINGS AND EQUIPMENT
 PURPOSE OF LOAN: CONSTRUCTION

BEGINNING BALANCE DUE 3,184.
 ENDING BALANCE DUE 906.

LENDER: WACHOVIA
 ORIGINAL AMOUNT: 50,000.
 INTEREST RATE: 4.250000
 DATE OF NOTE: 03/31/2010
 REPAYMENT TERMS: LINE OF CREDIT
 SECURITY PROVIDED: GENERAL ASSETS OF THE ORGANIZATION

BEGINNING BALANCE DUE 50,000.
 ENDING BALANCE DUE 50,000.

LENDER: BURLINGTON COUNTY BOARD CHOSEN FREEHOLDE
 ORIGINAL AMOUNT: 357,500.
 INTEREST RATE: NONE
 DATE OF NOTE: 09/01/2006
 MATURITY DATE: 02/15/2012
 REPAYMENT TERMS: NO PAYMENTS REQUIRED FOR THE TERM OF THE MORTGAGE
 PURPOSE OF LOAN: TO SELL PROPERTIES TO LOW INCOME FAMILIES

BEGINNING BALANCE DUE 357,500.
 ENDING BALANCE DUE 215,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 3,329,972.
 =====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 3,019,645.
 =====

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
CONSULTANTS AND CONTRACTING SERVICES	X	288	228,856.	FMV
SPACE COSTS AND RENTALS	X	138	121,038.	FMV
TOTALS		426.	349,894.	

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization BURLINGTON COUNTY COMMUNITY ACTION PROGRAM	Employer identification number 22-1804209
	Number, street, and room or suite no. If a P.O. box see instructions 718 ROUTE 130 SOUTH	
	City, town or post office, state, and ZIP code For a foreign address, see instructions BURLINGTON, NJ 08016	

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

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

• The books are in the care of ▶ MARY L. SCANLON, CONTROLLER

Telephone No ▶ 609 386-5800 FAX No. ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 10/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year _____ or
- ▶ tax year beginning 03/01, 2008, and ending 02/28, 2009

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.