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Form **990**

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 black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2008
Open to Public Inspection

A For the **2008** calendar year, or tax year beginning **7/01/08**, and ending **6/30/09**

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization: **TABOR COMMUNITY SERVICES INC**
 Doing Business As:
 Number and street (or P.O. box if mail is not delivered to street address): **308 EAST KING STREET, PO BOX 1676**
 Room/suite:
 City or town, state or country, and ZIP + 4: **LANCASTER PA 17608-1676**

D Employer identification number: **23-1731792**

E Telephone number: **717-397-5182**

G Gross receipts \$: **2,714,064**

F Name and address of principal officer:

I Tax-exempt status: 501(c) (**3**) (Insert no) 4947(a)(1) or 527

J Website: **WWW.TABORNET.ORG**

K Type of organization: Corporation Trust Association Other

L Year of formation: **M** State of legal domicile: **PA**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number

Part I Summary

SCANNED JAN 07 2010 Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TABOR PROVIDES HOUSING AND FINANCIAL COUNSELING TO LANCASTER COUNTY RESIDENTS AND LEADERSHIP TO COMMUNITY REVITALIZATION EFFORTS. IN THE PROCESS, IT SEEKS TO HELP CLIENTS REBUILD THEIR LIVES AND THE LANCASTER	
	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)	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	13
	5 Total number of employees (Part V, line 2a)	67
	6 Total number of volunteers (estimate if necessary)	15
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	
7b Net unrelated business taxable income from Form 990-T, line 5	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 1,909,001 Current Year: 2,173,628
	9 Program service revenue (Part VIII, line 2g)	574,241 328,172
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,977 8,140
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,671 -23,174
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,529,890 2,486,766
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,936
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,547,426 1,635,601
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) 208,616	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,002,636 1,003,279
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,550,062 2,662,816
	19 Revenue less expenses Subtract line 18 from line 12	-20,172 -176,050
	20 Total assets (Part X, line 16)	Beginning of Year: 5,870,802 End of Year: 5,421,656
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	1,577,224 1,332,232
	22 Net assets or fund balances Subtract line 21 from line 20	4,293,578 4,089,424

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: *Robert Thomas* Date: **12/22/09**
 Type or print name and title: **ROBERT THOMAS, PRESIDENT**

Paid Preparer's Use Only
 Preparer's signature: *Paul G.* Date: **12/21/09** Check if self-employed:
 Preparer's identifying number (see instructions): **P00086681**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **HERSHEY ADVISORS, P.C. OREGON PIKE, P.O. BOX 669 BROWNSTOWN, PA 17508**
 EIN: **20-8042173** Phone no: **717-859-1158**

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

CALL 19

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

TABOR PROVIDES HOUSING AND FINANCIAL COUNSELING TO LANCASTER COUNTY RESIDENTS AND LEADERSHIP TO COMMUNITY REVITALIZATION EFFORTS. IN THE PROCESS, IT SEEKS TO HELP CLIENTS REBUILD THEIR LIVES AND THE LANCASTER

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 \$ **282,780** including grants of \$) (Revenue \$ **52,034**)

THE CONSUMER CREDIT COUNSELING PROGRAM AIDS FAMILIES IN FINDING SOLUTIONS TO FINANCIAL PROBLEMS THROUGH BUDGET EDUCATION, BUDGET COUNSELING AND DEBT MANAGEMENT PROGRAMS.

IN THE DEBT MANAGEMENT PROGRAM, COUNSELORS NEGOTIATE A FAIR PAYMENT PLAN WITH THE CLIENT'S CREDITORS ALLOWING CLIENTS TO REPAY THEIR BILLS, REDUCE INTEREST COSTS AND GIVE CREDITORS FULL PAYMENT.

4b (Code) (Expenses \$ **244,911** including grants of \$) (Revenue \$)

THE SHELTER TO INDEPENDENT LIVING PROGRAM COUNSELORS ASSIST HOMELESS FAMILIES IN FINDING AFFORDABLE HOUSING. IN ADDITION, THE PROGRAM PROVIDES FOR ONE TO TWO YEARS OF FOLLOW-UP COUNSELING TO AID IN EDUCATING THE CLIENTS IN THE SKILLS AND DISCIPLINES NECESSARY TO MAINTAIN LONG-TERM SELF SUFFICIENCY.

4c (Code) (Expenses \$ **507,338** including grants of \$) (Revenue \$ **107,092**)

THE TRANSITIONAL LIVING CENTER (TLC) PROVIDES TEMPORARY HOUSING FOR INDIVIDUALS AND FAMILIES TRANSITIONING FROM HOMELESSNESS TO PERMANENT HOUSING. PARTICIPANTS WORK WITH A SOCIAL WORKER AND ATTEND CLASSES ON VARIOUS TOPICS, FROM FINANCIAL COUNSELING TO PARENTING SKILLS. PARTICIPANTS MAY LIVE AT TLC FOR UP TO SIX MONTHS.

4d Other program services (Describe in Schedule O)

(Expenses \$ **1,418,932** including grants of \$ **23,936**) (Revenue \$ **169,046**)4e Total program service expenses ► \$ **2,453,961** (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)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 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? If "Yes," complete Schedule C, Part III		
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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	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? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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 ? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule F, Part II		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? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		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 questions 24b-24d and complete Schedule K If "No," go to question 25		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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)? If "Yes," complete Schedule L, Part IV		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
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		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		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
1c			
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	67		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
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)?		X
4a			
b	If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
9b			
10	Section 501(c)(7) organizations. Enter		
a	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		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
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	

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

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?		X
15b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)		X
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?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
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 STEVE WELCH 308 E KING ST LANCASTER PA 17608 717-397-5182

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(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			
GEORGE COOK TREASURER	1	X		X			0	0	0	
JOSYANE CARRO DIRECTOR	1	X					0	0	0	
DENNIS CLEMMER DIRECTOR	1	X					0	0	0	
PAUL CURRIE BOARD CHAIR	1	X		X			0	0	0	
THOMAS FASNACHT DIRECTOR	1	X					0	0	0	
PHILIP FREY DIRECTOR	1	X					0	0	0	
CARLOS GRAUPERA DIRECTOR	1	X					0	0	0	
DANIEL HESS DIRECTOR	1	X					0	0	0	
EARL MARTIN DIRECTOR	1	X					0	0	0	
LYNETTE MECK SECRETARY	1	X		X			0	0	0	
ANNE SHANNON DIRECTOR	1	X					0	0	0	
BOWEN SMITH DIRECTOR	1	X					0	0	0	
V RONALD SMITH DIRECTOR	1	X					0	0	0	
CHRISTINE WIKER VICE-CHAIR	1	X		X			0	0	0	
THEODORE WILLIAMS DIRECTOR	1	X					0	0	0	

Part VIII Statement of Revenue

		(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				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,255,665			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	917,963			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		2,173,628			
Program Service Revenue	2a TRANSITIONAL LIVING CENTER	Busn. Code	107,092	107,092		
	b MARKET VIEW		55,572	55,572		
	c CONSUMER CREDIT COUNSELING		52,034	52,034		
	d OTHER		46,322	46,322		
	e RENTAL COUNSELING		39,889	39,889		
	f All other program service revenue		27,263	27,263		
	g Total. Add lines 2a-2f		328,172			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,140	8,140		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real	204,124			
		(ii) Personal				
		b Less rental exps	227,298			
		c Rental inc or (loss)	-23,174			
	d Net rental income or (loss)		-23,174	-23,174		
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis & sales exps				
		c Gain or (loss)				
	d Net gain or (loss)					
	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						
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					
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					
11a Miscellaneous Revenue	Busn. Code					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		2,486,766	313,138	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	23,936	23,936		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	244,502		193,824	50,678
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,114,550	1,045,742	39,071	29,737
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	28,176	20,353	5,612	2,211
9 Other employee benefits	136,083	113,492	15,204	7,387
10 Payroll taxes	112,290	86,540	19,391	6,359
11 Fees for services (non-employees)				
a Management	21,175	5,706		15,469
b Legal				
c Accounting	56,387	14,838	41,549	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	16,841	15,732	1,109	
13 Office expenses	79,340	41,943	20,566	16,831
14 Information technology	38,018	7,800	30,218	
15 Royalties				
16 Occupancy	272,831	155,471	114,620	2,740
17 Travel	19,292	18,052	440	800
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,240	9,583	4,232	425
20 Interest	10,962	5,385	5,577	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	222,061	114,824	107,237	
23 Insurance	39,623	20,938	18,685	
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 FACADE AND BEAUTIFICATION	92,078	92,078		
b MISCELLANEOUS	44,095	30,658	5,596	7,841
c CLIENT RELATED SERVICES	37,240	37,240		
d FUND RAISING EXPENSE	33,740			33,740
e FSA SAVINGS MATCH	27,959	27,959		
f All other expenses	-22,603	565,691	-622,692	34,398
25 Total functional expenses. Add lines 1 through 24f	2,662,816	2,453,961	239	208,616
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	298,333	1	464,042
	2 Savings and temporary cash investments	271,088	2	124,361
	3 Pledges and grants receivable, net	80,737	3	37,923
	4 Accounts receivable, net	243,783	4	155,477
	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	569,076	7	522,840
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,437	9	9,800
	10a Land, buildings, and equipment cost basis	10a 5,884,364		
	b Less accumulated depreciation Complete Part VI of Schedule D	10b 1,991,691	4,152,245	10c 3,892,673
	11 Investments—publicly traded securities	242,103	11	214,540
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		5,870,802	16	5,421,656
Liabilities	17 Accounts payable and accrued expenses	300,911	17	249,937
	18 Grants payable		18	
	19 Deferred revenue	378,678	19	366,678
	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	897,635	23	715,617
	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		1,577,224	26	1,332,232
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	3,725,078	27	3,700,756
	28 Temporarily restricted net assets	568,500	28	388,668
	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		4,293,578	33	4,089,424
34 Total liabilities and net assets/fund balances		5,870,802	34	5,421,656

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 Cash Accrual Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- 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?
- 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?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c		X
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

TABOR COMMUNITY SERVICES INC

Employer identification number
23-1731792

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III—Functionally Integrated
 - d Type III—Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")	1,235,541	2,187,815	1,647,449	1,909,001	2,173,628	9,153,434
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	1,235,541	2,187,815	1,647,449	1,909,001	2,173,628	9,153,434
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)						348,934
6 Public support. Subtract line 5 from line 4						8,804,500

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	1,235,541	2,187,815	1,647,449	1,909,001	2,173,628	9,153,434
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	178,615	167,543	205,405	211,254	199,022	961,839
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)	587,335	578,692	545,887	574,241	501,851	2,788,006
11 Total support. Add lines 7 through 10						12,903,279

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	68.2346 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	66.2507 %

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

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

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 "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

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

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

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

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

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

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

PROGRAM INCOME \$ **2,788,006**

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Employer identification number

TABOR COMMUNITY SERVICES INC

23-1731792

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...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a-2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff or volunteer hours devoted to monitoring..., 7 Amount of expenses incurred in monitoring..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIV, describe how the organization reports 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.

Table with 2 columns: Description, Amount. Rows include: 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; 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.

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

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

	Amount
1c	
1d	
1e	
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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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	230,996			230,996
b Buildings	5,436,348		1,834,844	3,601,504
c Leasehold improvements				
d Equipment	217,020		156,847	60,173
e Other				
Total. Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				3,892,673

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,486,766
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,662,816
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-176,050
4	Net unrealized gains (losses) on investments	4	-28,104
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	-28,104
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-204,154

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

1	Total revenue, gains, and other support per audited financial statements	1	2,685,960
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-28,104
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	227,298
e	Add lines 2a through 2d	2e	199,194
3	Subtract line 2e from line 1	3	2,486,766
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,486,766

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

1	Total expenses and losses per audited financial statements	1	2,890,114
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	227,298
e	Add lines 2a through 2d	2e	227,298
3	Subtract line 2e from line 1	3	2,662,816
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,662,816

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

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER			
RENTAL EXPENSES ON 990, NETTED FROM REVENUE		\$	227,298
RENTAL EXPENSES ON 990, NETTED IN REVENUE		\$	-227,298
PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER			
RENTAL EXPENSES ON 990, NETTED FROM REVENUE		\$	227,298

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

TABOR COMMUNITY SERVICES INC

Employer identification number
23-1731792

**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
COMMUNITY.**

FORM 990, PART III, LINE 3

DURING 2008-09, THE ORGANIZATION COMBINED THE OPERATIONS OF THE FAMILY SAVINGS ACCOUNT PROGRAM AND THE STEPS PREPURCHASE PROGRAM TOGETHER INTO THE ASSET DEVELOPMENT PROGRAM. THE DESCRIPTION OF THE ASSET DEVELOPMENT PROGRAM IS PROVIDED ALONG WITH THE DESCRIPTIONS OF THE OTHER PROGRAMS.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

THE FAMILY SELF SUFFICIENCY PROGRAM AIDS FAMILIES HOLDING SECTION 8 CERTIFICATES OR VOUCHERS IN DEVELOPING SKILLS AND RESOURCES TO BECOME SELF SUFFICIENT.

DEFAULT MORTGAGE COUNSELING PROGRAM AIDS IN ELIMINATING FORECLOSURE PROCEEDINGS BY HELPING CLIENTS APPLY FOR MORTGAGE ASSISTANCE OR PURSUE OTHER OPTIONS.

THE RENTAL COUNSELING TO PREVENT HOMELESSNESS PROGRAM ASSISTS FAMILIES IN RETAINING RENTAL HOUSING THEY HAVE BY HELPING CLIENTS DEVELOP SKILLS NEEDED TO BECOME FINANCIALLY RESPONSIBLE TENANTS AND AS SERVING AS MEDIATORS WITH LANDLORDS.

THE JUBILEE HOUSE AT KING IS A TRANSITIONAL HOUSING

Name of the organization

TABOR COMMUNITY SERVICES INC

Employer identification number

23-1731792

FACILITY CONSISTING OF FIVE INDEPENDENT LIVING UNITS DESIGNATED FOR HOMELESS WOMEN. JUBILEE RESIDENTS HAVE FIRST COMPLETED A RESIDENTIAL TREATMENT PROGRAM FOR SUBSTANCE ABUSE AND ARE THEN REUNITED WITH THEIR CHILDREN AND RECEIVE SUPPORTIVE SERVICES DESIGNED TO HELP THEM LEAD MORE PRODUCTIVE LIVES.

THE EAST KING STREET IMPROVEMENT DISTRICT PROGRAM PROVIDES LEADERSHIP TO EFFORTS TO REVITALIZE THE EAST KING STREET CORRIDOR THROUGH BEAUTIFICATION PROJECTS, FACILITATION OF BUSINESS INVESTMENT, AND THE DEVELOPMENT OF NEIGHBORHOOD ASSOCIATIONS.

THE ADMINISTRATIVE SUPPORT SERVICES PROGRAM PROVIDES SERVICES TO A LOW INCOME RENTAL COMMUNITY. THE PROGRAM ALSO PROVIDES LEADERSHIP AND OVERSIGHT, LEVERAGING THE KNOWLEDGE OF ORGANIZATION STAFF, IN ENHANCING OTHER NOT FOR PROFIT ORGANIZATIONS SERVICING THE DISADVANTAGED IN LANCASTER CITY.

THE FAMILY SAVINGS ACCOUNT AND STEPS PROGRAMS WERE MERGED IN 2009 INTO ONE PROGRAM CALLED ASSET DEVELOPMENT. THE FAMILY SAVINGS ACCOUNT PROGRAM ENCOURAGES DISCIPLINED SAVINGS HABITS AND ASSET BUILDING BY PROVIDING MATCHING FUNDS TO FAMILIES ENROLLED IN THE PROGRAM. FAMILIES CAN RECEIVE UP TO \$2,000 IN MATCHING FUNDS IF THEY SAVE \$2,000 OVER A TWO YEAR PERIOD. THE STEPS PROGRAM OFFERS

Name of the organization TABOR COMMUNITY SERVICES INC	Employer identification number 23-1731792
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EDUCATION AND GUIDANCE TO LOW INCOME, HARD WORKING FAMILIES WHO ARE GUIDED THROUGH THE HOME OWNERSHIP PROCESS IN ORDER TO ACQUIRE THEIR FIRST HOME. COUNSELORS AID IN THE MORTGAGE APPLICATION PROCESS AND EDUCATE THE CLIENT IN HOME OWNERSHIP RESPONSIBILITIES.

THE LANCASTER CITY LIVING PROGRAM PROMOTES THE ADVANTAGES OF CITY LIVING AND OWNER OCCUPIED HOME OWNERSHIP IN THE CITY OF LANCASTER.

THE MARKET VIEW APARTMENTS PROGRAM PROVIDES PERMANENT HOUSING TO THE CHRONICALLY HOMELESS AND DISABLED. IT ALSO PROVIDES SUPPORT SERVICES THROUGH COUNSELING.

THE BETH SHALOM HOUSE PROGRAM IS A FACILITY CONSISTING OF FIVE INDEPENDENT LIVING UNITS, DEDICATED TO PROVIDING TRANSITIONAL HOUSING FOR WOMEN WHO HAVE BEEN RELEASED FROM PRISON AND THEIR CHILDREN. AS A RE-ENTRY PROGRAM, IT PROVIDES A RANGE OF SUPPPORTIVE COUNSELING SERVICES TO ASSIST THE PARTICIPANTS IN SUCCESSFULLY REINTEGRATING INTO LIFE OUTSIDE THE CORRECTIONAL SYSTEM.

THE COMMUNITY HOMELESS OUTREACH CENTER IS A COLLABORATIVE EFFORT WITH SEVERAL COMMUNITY ORGANIZATIONS AND IS OPERATED OUT OF THE WATER STREET RESCUE MISSION IN LANCASTER PA. THE PROGRAM PROVIDES A LOCATION FOR HOMELESS INDIVIDUALS TO OBTAIN RESOURCES, GUIDANCE, AND

Name of the organization

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REST DURING THE DAY. THE PROGRAM IS ADMINISTERED BY THE ORGANIZATION WITH AN INDEPENDENT STEERING COMMITTEE PROVIDING LEADERSHIP, STRATEGIC PLANNING, AND DIRECTION.

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 A COPY OF THE 990 IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO ITS FILING. THE 990 IS REVIEWED BY THE PRESIDENT AND THE VICE PRESIDENT OF FINANCE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH ALL BOARD MEMBERS AT THE TIME THEY JOIN THE BOARD. IT IS ALSO REVIEWED ANNUALLY IN STAFF MEETINGS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST

SCHEDULE R - ADDITIONAL INFORMATION

TABOR HOUSING INC (TH) IS A SEPARATE NOT FOR PROFIT ORGANIZATION. THE BOARD OF DIRECTORS OF TH IS THE SAME BOARD OF DIRECTORS OF TABOR COMMUNITY SERVICES, INC.

HISTORICALLY, TH WAS A 1% GENERAL PARTNER IN A THIRD ENTITY, 439 EAST KING STREET PARTNERSHIP. IN JUNE 2009, TH PURCHASED THE REMAINING 99% INTEREST OF THE PARTNERSHIP.

TCSI HAD PREVIOUSLY LOANED FUNDS TO THE PARTNERSHIP, LEASED A BUILDING TO THE PARTNERSHIP, AND RECEIVED EXPENSE REIMBURSEMENTS FROM THE PARTNERSHIP.

Name of the organization TABOR COMMUNITY SERVICES INC	Employer identification number 23-1731792
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SINCE THE PARTNERSHIP IS NOW OWNED BY TH, AND TH IS UNDER COMMON CONTROL BY THE BOARD OF DIRECTORS OF TCSI, THE RELATED PARTY INFORMATION HAS BEEN DISCLOSED.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

TABOR COMMUNITY SERVICES INC

Employer identification number
23 - 1731792

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
TABOR HOUSING INC 308 E KING ST LANCASTER PA 17608			501C3	7	

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispro- portionate alloc ?		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
							Yes	No		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

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)

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)	TABOR HOUSING INC	A	5,228
(2)	TABOR HOUSING INC	I	10,000
(3)	TABOR HOUSING INC	D	522,840
(4)	TABOR HOUSING INC	P	29,431
(5)			
(6)			

Forms 990 / 990-PF	Other Notes and Loans Receivable	2008
For calendar year 2008, or tax year beginning 7/01/08 , and ending 6/30/09		

Name TABOR COMMUNITY SERVICES INC	Employer Identification Number 23-1731792
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FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) 439 EAST KING ST PARTNERSHIP	
(2) INDIVIDUAL 434 E KING	
(3) INDIVIDUAL 344 BEAVER	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 522,840		12/01/09	DUE ON DEMAND	1.000
(2) 13,000	5/01/05	5/01/10	BALLOON PAYMENT	
(3)	4/01/06	4/01/36		8.000
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	522,840	522,840	
(2)	13,000		
(3)	33,236		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	569,076	522,840	

Mortgages and Other Notes PayableForms
990 / 990-PF**2008**For calendar year 2008, or tax year beginning **7/01/08**, and ending **6/30/09**

Name

Employer Identification Number

TABOR COMMUNITY SERVICES INC**23-1731792****FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) FULTON BANK	
(2) FULTON BANK	
(3) MENNONITE FEDERAL CREDIT UNION	
(4) FULTON BANK	
(5) PA HOUSING FINANCE AGENCY	
(6) LANCASTER COUNTY REDEVELOPMENT AUTHO	
(7) FEDERAL HOME LOAN BANK	
(8) LANCASTER CO HOUSING AND REDEVELOP	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 950,000			DEMAND	3.250
(2) 250,000	7/01/01		LINE OF CREDIT	3.750
(3)		2/01/15	\$631 DUE MONTHLY	4.000
(4)			DEMAND	3.250
(5) 244,800		12/31/31	PRINCIPAL DUE ANNUALLY	0.000
(6) 125,000		12/31/36	BALLOON PMT AT MATURITY	0.000
(7) 35,000		11/30/21	BALLOON PMT AT MATURITY	0.000
(8) 180,000		1/31/36	BALLOON PMT AT MATURITY	1.000
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) 439 E KING ST & 308 E KING ST	ACQUISITION & RENOVATION OF PROPERT
(2) 439 E KING ST	ACQUISITION & RENOVATION OF PROPERT
(3) 430 E KING ST	ACQUISITION AND RENOVATION
(4) 105 E KING ST	RENOVATION
(5) 401 & 402 E KING ST	RENOVATION
(6) 317 & 321 E KING ST	RENOVATION & PURCHASE
(7) 317 & 321 E KING ST	RENOVATIONS TO PROPERTY AT 317/321
(8) 317 & 321 E KING ST	RENOVATIONS
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	161,697	135,697
(2)	90,973	
(3)	49,063	
(4)	11,102	
(5)	244,800	239,920
(6)	125,000	125,000
(7)	35,000	35,000
(8)	180,000	180,000
(9)		
(10)		
Totals	897,635	715,617