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Department of the Treasury

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)

OMB No 1545-0047 2008 Open to Public

interr	iai Reve	inue Service The Organization may have to use a copy of this return to satisf	ly State it	sporting requirements	Inspection
A F	or th	e 2008 calendar year, or tax year beginning JUL 1, 2008 and end	ding J	<u>UN 30, 2009</u>)
B c	heck if pplicab	Please use IRS		D Employer identif	ication number
	Addre	ess label or a DATA NOED COMMINITUM CEDITOR ACCOURAGE	,		
	Chang Name chang			22.0	800431
-	□Initial		om/ourto		
	return _Termi	Specific	om/suite	E Telephone number	
H	⊣ation ∏Amen	Instruc-			348-6100
	⊒return ∏Applic	City or town, state or country, and ZIP + 4	ŀ	G Gross receipts \$	619,803.
	_Jtiòn pendi	SCRANION, PA 18505		H(a) Is this a group i	
		F Name and address of principal officer JACK EARLY		for affiliates?	Yes X No
		326 ADAMS AVENUE, SCRANTON, PA 18503 empt status		H(b) Are all affiliates in	
					a list (see instructions)
		te: ► N/A organization X Corporation Trust Association Other ►		H(c) Group exemption	
	rt I	Summary	L Year o	it formation: 1995	M State of legal domicile: PA
				3 201/222	
Se	1	Briefly describe the organization's mission or most significant activities TO PRO		A COMPREHE	NSIVE ARRAY
Activities & Governance		OF COMMUNITY SERVICES IN BEHAVORIAL HEALTH			
Je.	ı	Check this box If the organization discontinued its operations or disposed	d of more		
ģ	l	Number of voting members of the governing body (Part VI, line 1a)		3	7
∞ ∞	l	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
ţį	5	Total number of employees (Part V, line 2a)		5	0
₹	6	Total number of volunteers (estimate if necessary)		6	0
Ac	l	Total gross unrelated business revenue from Part VIII, line 12, column (C)		<u>7a</u>	0.
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	_	•		Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	<u> </u>		
Revenue	l	Program service revenue (Part VIII, line 2g)	<u> </u>	684,826.	619,803.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>		
- 50	!	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
ฏ การ		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>684,826.</u>	619,803.
7	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
∌		Benefits paid to or for members (Part IX, column (A), line 4)			
ഭം	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>551,751.</u>	523,708.
JUN	16 a	Professional fundraising fees (Part IX, column (A), line 11e)			
크 X	b	Total fund als ing expenses (Part IX, column D), line 25)	_		
ا ترق	17	Total fund as ing expenses (Part IX, column D), line 25) Other expenses (Part IX, column A), lines 1 a 11d, 11f-24f)	ļ	210,671.	178,198.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	762,422.	701,906.
Z , ,	19	Revenue less expenses Subtract line 18 from line 12		<u>-77,596.</u>	-82,103.
CANNED EX			L E	Beginning of Year	End of Year
as as a	20	Total assets (Part X, line 16)		119,798.	41,958.
ot Age	21	Total liabilities (Part X, line 26)		463,573.	467,836.
25		Net assets or fund balances Subtract line 21 from line 20		-343,775.	-425,878.
Pa	<u>irt II</u>	Signature Block			`
		Under penalties of perjury, I decide that I have examined this return, including accompanying schedules and state and complete. Declaration of are parer (other than officer) is based on all information of which preparer has any ki	tatements, ar	nd to the best of my knowled	ige and belief, it is true, correct,
			Morricage	1	′ 、 /
Sigr	า	Lace		1/1	15/10
Her	е	Signature of officer		Date	7
		▶ JACK EARLY, SECRETARY/TREASURER			
		Type or print name and title			
Paid		Preparer's Date	Che		er's identifying number structions)
		signature Untimus K. (arguración 512-16	ク self- emp		5131580
	arer's	Firm's name (or vours if KRONICK KALADA BERDY & CO., P.C.		EIN ►	
Use	опіу	self-employed), 190 LATHROP ST.			
		ZIP + 4 KINGSTON, PA 18704		Phone no ► (570) 283-2727
May	the II	RS discuss this return with the preparer shown above? (see instructions)		1. 110110 110	Voc

1	Rt III Statement of Program Servic Briefly describe the organization's mission:	NONE	iisiiiieiits (see iiisti	ructions)			
2	Did the organization undertake any significant the prior Form 990 or 990-EZ?		vices during the year v	which were not liste	ed on	Yes	X No
3	If "Yes", describe these new services on Sch Did the organization cease conducting, or ma		changes in how it con	nducts, any program	m services?	Yes	X No
4	If "Yes", describe these changes on Schedul Describe the exempt purpose achievements		e organization's three I	largest program se	rvices by expenses		
	Section 501(c)(3) and 501(c)(4) organizations allocations to others, the total expenses, and			•	e amount of grants and		
4a	(Code) (Expenses \$ TO PROVIDE BEHAVIORAL		9. including grants of SERVICES TH.)(Revenue \$ E PSYCHIATRIO	3	,
	EVALUATIONS, MEDICATION PSYCHOLOGICAL TESTING,	N PRESC	RIPTION AND	MONITORI	NG, PSYCHOTHI	ERAPY,	
	CONSULTATIONS.	EDECIK	OCONVOLSIVE	THERAPI,	AND HOSPITAL	<u>. </u>	
					····		
					· · · · · · · · · · · · · · · · · · ·		
4b	(Code) (Expenses \$		including grants of	of \$) (Revenue \$		
7.5							
						-	
4c	(Code) (Expenses \$		including grants of	of \$) (Revenue \$		
							
4d	Other program services (Describe in Schedu (Expenses \$ includir) (Revenue \$	\		
4e	(Expenses \$ Including Total program service expenses ▶ \$	ng grants of \$ 650	,599. (Must equa) column (B))		

			Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		,	
	public office? If "Yes," complete Schedule C, Part I	_3_		_ <u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		<u>_X</u> _
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	5		
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	_6_		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
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	9		<u>X</u>
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	_10_		_X_
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?		ĺ	
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	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	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a		_X_
þ	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	14b	<u> </u>	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	15		_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	16		<u>X</u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_ <u>X</u> _
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	_19_		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u>X</u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	_22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	_23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			₹7
	If "No", go to question 25	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
∠ɔa	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		v
L	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
D	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	OE.		v
oe.	prior year? If "Yes," complete Schedule L, Part I	<u>25b</u>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		v
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	07	}	Х
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 Farm	990 (

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:			
а	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	28a		<u>X</u>
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	34	_X_	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	İ		
	If "Yes," complete Schedule R, Part V, line 2	35	_X_	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	ì		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х

Form **990** (2008)

a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter 0 if not applicable D. Enter the number of Forms W26 included in line 1s. Enter 0 if not applicable D. On the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. [2. 0] 5. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. [2. 0] 6. If all least one is reported on line 22, all of the organization file all required federal employment tax returns? 7. Note, if the sum of lines 1a and 2s is greater than 250, you may be required to e-file this return (see instructions). 8. D. If I Yes, "has it filed a Form 9901 for this year? If Yik?, provide an explanation in Schedule 0. 9. If Yes, "has it filed a Form 9901 for this year? If Yik?, provide an explanation in Schedule 0. 9. If Yes, "enter the name of the foreign country, be a bank account; securities account in or other fundood and provided the provided of the securities and the provided that is the securities of the securities and the securi	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>		ugo -
tall Enter the number reported in Box 3 of Form 1086, Annual Summary and Transmittal of U.S. Information Returns Enter 0 - In capticable Quantity (See 1) - In the Company of						Yes	No
U.S. Information Returns Enter-0-in otapplicable be Enter the number of Forms W2G included in line 1a. Enter-0-if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if all beats 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) 3a. It is sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3b. Did the organization has unrelated business gross income of \$1,000 or more duming the year overed by this return? 4b. If Yes, Thas if filed a Form 990-T for the year? If No. provide an explanation in Schedule O 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 accounty? 4b. If Yes, These there is a many of the foreign country, Such as a bank account, securities account, or other financial accounty? 4c. If Yes, The dumination of the foreign country, Such as a bank account, securities account, or other financial accountry 5b. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c. If Yes, Couleston 5a of 5b, did the organization file Form 88861, Disclosure by Tax Exempt Entity Regarding Prohibited 7a. X. Shelter Transaction? 5c. If Yes, The dumination of the organization file form 88861, Disclosure by Tax Exempt Entity Regarding Prohibited 7a. X. If Yes, This dumination of the organization file form 88861, Disclosure by Tax Exempt Entity Regarding Prohibited 7b. If Yes, This d	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					1.20
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining gambining winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, led for the calendar year ending with or within the year covered by this return 5 If a least one is reported on line 2a, did the organization lite 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 5 If "Yes," has if field a Form 990-T for this year? If "No," provide an explanation in Schedule O 4 At any time during the calendary 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) or it is "Yes," enter the name of the foreign country, by See the instructions for exceptions and filing requirements for Form TD F 90-21, Report of Foreign Bank and Financial Accounts 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," enter the name of the foreign country, by 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 aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," do upset to a prohibited tax shelter transaction? 5c If "Yes," do upset to a prohibited tax shelter transaction? 5c If "Yes," do the organization motivation of the state of the state of the state of the organization of the state of the state of the state of the organization motivation of the state of the state of the organization motify the donor of the value of the goods or servoers prouded? 5c If "Yes," indicate the number			1a		0		
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c Dot the organization have unrelated business gross income of \$1,000 or more during file employment tax returns? 3b If "Yes," has if filed a Form 990. For this year? If "No." provide an explanation in Schedule O 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 year? If "No." provide an explanation in Schedule O 5b If "Yes," enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for Form TD F.90.22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Us any stable party notify the organization file Form 8886-T. Disclosure by Tax.Exempt Entity Regarding Prohibited Tax shelter Transaction? 5c If "Yes," do the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization shelt any contributions that were not tax deductible? 6c Did the organization shelt may receive deductible contributions under section 170(c). 6c Did the organization shelt may receive deductible contributions under section 170(c). 6c Did the organization shelt may receive deductible contributions under section 170(c). 6c Did the organization shelt may receive any entity the denor of the value of the goods or services provided? 6c Did the organization shell exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 6c Did the or	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0		
2a Eiter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 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) 3a Dd the organization have unreleated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," has if filed a Form 990-T for this year? if "No." provide an explanation in Schedule O 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?) 5b if "Yes," enter the name of the foreign country. In the securities account, or other financial account? 5c Was the organization a party to a prohibited tax shelter transaction? 6c Was the organization a party to a prohibited tax shelter transaction? 6c Was the organization a party to a prohibited tax shelter transaction? 6c If "Yes," to question 5a or 50, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to differ transaction? 6c If Yes," to differ transaction? 6c If Yes," did the organization solicit any contributions that were not tax deductible? 6c If Yes," did the organization network with every solicitation an express statement that such contributions or grits were not tax deductible? 6c If Yes," did the organization network with every solicitation and express statement that such contributions or grits were not tax deductible? 6c If Yes," did the organization network with every solicitation and express statement that such contributions or grits were not tax deductible? 6c If Yes, "If the organization network with every solicitation and express statement that such contributions or gri	С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gamıng		ļ	
bill 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? bill 1'Yes, 1' has it filed a Form 1990. For this year? 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)? 5b If Yes, enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Did the organization of the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, 1 to question 5 aor 55, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, 1 to question 5 aor 55, did the organization that it was or is a party to a prohibited tax shelter transaction? 7d Organization shelt may receive deductible contributions under section 170(c). 8 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 Different transaction? 9 Different transaction? 1 If Yes, 2' did the organization northy the donor of the value of the goods or services provided? 1 If Yes, 3' did the organization on thy the donor of the value of the goods or services provided? 1 If Yes, 3' indicate the number of Forms 8282 filed during the year. 9 Did the organization, during the year, pay premiums, directly or indirectly, or pay premiums on a p		(gambling) winnings to prize winners?			1c		
b If at least one is reported on line 2a, did the organization file all required to e-file this return (see instructions) Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 5 If "Yes," has if filed a Form 990-T for this year? If "No." provide an explanation in Schedule O At any time during the celeradary ear, 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)? 5 If "Yes," enter the name of the foreign country. ► 5 See the instructions for exceptions and filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 B Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 B Was the organization of Sb, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6 D Id the organization solicit any contributions that were not tax deductible? 5 C Was the Capanization solicuted with every solicitation are express statement that such contributions or gifts were not tax deductible? 6 D Off the organization into provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7 D If "Yes," did the organization notify the donor of the value of the goods or services provided? 8 D If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 D If the organization shall may receive deductible contributions under section 170(c). 10 D If the organization shall provide the provided or services provided? 11 Provided the form the services of the services provided? 12 D If the organization sha	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2 as greater than 250, you may be required to e-/he this return (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b. If "Yes," has it flied a Form 990°T for this year? If "No," provide an explanation in Schedule O 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 foregring country (such as a bank account, securities account, or other financial account)? bi "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90·22 1, Report of Foreign Bank and Financial Accounts 5a. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ci "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by TaxExempt Entity Regarding Prohibited Tax Shelter Transaction? ci "Yes," did the organization solicit any contributions that were not tax deductible? 7b. If "Yes," did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible and the services of the s		filed for the calendar year ending with or within the year covered by this return	2a		0	}	
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b If "Yes," idd the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization of qualified intellectual property, did the organization file Form 8899 as required? f For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? f A X 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? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 10 Section 501(c)(7) organizations. Enter N/A a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter N/A a Gross income from members or shareholders f C X X Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 15 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 Section 4947(a)(1) non-exempt interest received or accrued during the year N/A 12b		- · · · · · · · · · · · · · · · · · · ·	e than	\$752	72		x
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Form 990 (2008)		• • • • • • • • • • • • • • • • • • • •	1 1		ıza_		<u> </u>
		at 1	,		Form	990	(2008)

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

Sec	tion 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	4		
b	Enter the number of voting members that are independent	<u>'</u>		
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?	2		Х
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?	_3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			İ
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	Ja		
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	30		
10	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	x	ļ
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	11		х
Sec	tion B. Policies	1	l	
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	110
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	124		
_	to conflicts?	12b	x	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision.			1
а	The organization's CEO, Executive Director, or top management official?	15a		х
h	Other officers or key employees of the organization?	15b		X
-	Describe the process in Schedule O (see instructions)	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
u	taxable entity during the year?	16a		х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	.50	 	
•	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			ĺ
	exempt status with respect to such arrangements?	16b		İ
Sec	tion C. Disclosure	1.00	L	
17	List the states with which a copy of this Form 990 is required to be filed ► NONE		•	
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 Indicate how you make these available Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	incial	
	statements available to the public		aioiai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ition 🕨	•	
	JACK EARLEY - 570-348-6100			
	326 ADAMS AVENUE, SCRANTON, PA 18503			
33200			000	(2008)

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 of (A)	(B)	, <u>, , , , , , , , , , , , , , , , , , </u>			<u> </u>	<i>,</i> (1)	3010	(D)	(E)	(F)
Name and Title	Average		Positio			1		Reportable	Reportable	Estimated
	hours	(с	hecl	k all	that	app	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
A.C. PATEL	40.00									
DIRECTOR	40.00	X		├		 	_	79,269.	0.	12,683
EDWARD F. HEFFRON PRESIDENT	2.50	v		x				0.	0.	0
JOHN E. BAKES	2.50	₽	 	^				0.	· · · · · · · · · · · · · · · · · · ·	<u>U</u> .
VICE PRESIDENT	0.10	x		X				0.	0.	0
JACK EARLEY	0.10		<u> </u>	-				•		
SECRETARY/TREASURER	2.50	x		X				0.	0.	0
THOMAS TULANEY										
DIRECTOR	0.10	х						0.	0.	0
FRANCIS J. MERKEL										
DIRECTOR	0.10	X	<u> </u>					0.	0.	0 .
MARGARET MCNULTY						•				
DIRECTOR	0.10	X			_			0.	0.	0 .
·										
			<u> </u>	_						
		_	ļ <u> </u>							
			-							
										•••

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	(A) Name and title	(B) Average			() Pos	C) ition	l		(D) Reportable	(E) Reportable		(F) Estimate		
		hours per week	Individual trustee or director		all	that	Highest compensated de employee		compensation from the organization (W-2/1099-MISC)	compensation from related organization: (W-2/1099-MIS	s	am comp fro orga and	ount other oensa om th anizat I relat nizati	of ation e ion ed
														
									,					
												<u> </u>		
	-											-		
1b 2	Total Total number of individuals (including thos compensation from the organization	se in 1a) who re	ceiv	ed n	nore	tha	<u>►</u> n \$1	00,0	79,269. 000 in reportable		0.	_ 12	2,6	83. 0
3	Did the organization list any former officer			e, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	le c							the organization		4		X
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Schee	accrue compe	nsat	tion						ices rendered to		5		х
Sec 1	Complete this table for your five highest countries the organization NONE	ompensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of com	pensat	tion fr	om	
	(A) Name and business	s address							(B) Description of s	services	Coi	(C mper) Isatio	n
														
				-										
2	Total number of independent contractors from the organization	(including those	e in	1) w	ho r	ecei	ved	mor	e than \$100,000 in com	pensation				
							_				F	orm §	90 (2008)

	990 (MUNITY SE	RVICE ASSO	CIATES	<u>23-2800</u>	431 Page 9
Pa	rt VII	I Statement of Rever	nue			-		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts		Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	þ	Membership dues	1b					
ts, am	С	Fundraising events	1c					
gif ar	d	Related organizations	1d					
S.E	е	Government grants (contribut	tions) 1e					
iti s	f	All other contributions, gifts, gran	nts, and					
혈휲		similar amounts not included abo	ve 1 f					
da	g	Noncash contributions included in lines	s 1a-1f \$					
Ω ₽	h	Total. Add lines 1a-1f		>				
		· ·		Business Code				-
e l	2 a	NET PATIENT SER	RVICE RE	621400	619,803.	619,803.		
۵ <u>چ</u>	b							
S	С							
am eve	d							
Program Service Revenue	e							
م ا		All other program service reve	enue			•		
	a	Total. Add lines 2a-2f		•	619,803.			
\neg	3	Investment income (including	dıvıdends, ınter	est, and				
		other similar amounts)		•				
İ	4	Income from investment of ta	x-exempt bond	proceeds				
	5	Royalties		•				
	•	,	(i) Real	(II) Personal				-
	6 a	Gross Rents	(7.134)	(.,,				
		Rental income or (loss)		 				
		Net rental income or (loss)	L	<u> </u>				
1		Gross amount from sales of	(i) Securities	(II) Other			•	
	1 a	assets other than inventory	(i) Securities	(ii) Other				
	h	Less cost or other basis		 				
	D	and sales expenses						
	_	Gain or (loss)		 				
		, ,	L					
<u>o</u>		Net gain or (loss) Gross income from fundraisin	ng events (not					
Other Revenue		ıncludıng \$	of					
ě		contributions reported on line	tc) See					
ᇤ		Part IV, line 18	ā	1				
ξ	b	Less direct expenses	k					
٦	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ad	ctivities See					
		Part IV, line 19	a	ı <u> </u>				
	b	Less direct expenses	k)				
	С	Net income or (loss) from gan	ning activities	•				
	10 a	Gross sales of inventory, less	returns					
		and allowances	á	,				
	b	Less cost of goods sold	Ł					
		Net income or (loss) from sale	-	•				
Ī		Miscellaneous Revenu		Business Code		-		
t	11 2	TVIIGOOIIdiTeOGG TTOVETTE		220000 0000				
	b							
	c							
	d	All other revenue						
	-	Total. Add lines 11a-11d						
	12		4 5 64 73 6- 6-	Oc and 11e	619,803.	619,803.	0.	0.
83200	9	Total Revenue Add lines 1h, 2g, 3,	4, 5, 6a, /a, 8c, 9c, 1	uc, and 11e	019,003.	013,003.	<u> </u>	Form 990 (2008)
02-02	-09							101111 220 (2000)

Part IX | Statement of Functional Expenses

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

	All other organizations must compl	ete column (A) but are	not required to comple		
	not include amounts reported on lines 6b, 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				
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	91,952.	84,320.	7,632.	
6	Compensation not included above, to disqualified		02/0201	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	380,014.	348,473.	31,541.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	19,062.	17,480.	1,582.	
9	Other employee benefits	13,587.	12,459.	1,128.	
10	Payroll taxes	19,093.	17,508.	1,585.	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	[-				
12	Advertising and promotion	8,326.	8,326.		
13	Office expenses	6,864.	6,864.		
14	Information technology				
15	Royalties	F.C. 000	F1 2FF	A CAT	
16	Occupancy	56,002.	51,355.	4,647.	
17	Travel				<u>. </u>
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19	Interest				
20 21	Payments to affiliates	-			
22	Depreciation, depletion, and amortization	2,382.	2,184.	198.	
23	Insurance		2,102		
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.)				
а	SERVICE CONTRACTS	49,301.	49,301.		
b	EQUIPMENT RENTAL AND MA	13,419.	12,305.	1,114.	
С	TELEPHONE	12,356.	11,330.	1,026.	
d	UNCOLLECTIBLE EXPENSE	12,000.	12,000.		
е	UTILITIES	5,201.	4,769.	432.	
f	All other expenses	12,347.	11,925.	422.	
25	Total functional expenses Add lines 1 through 24f	701,906.	650,599.	51,307.	0.
26	Joint Costs Check here ▶ ☐ 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				
					Form 990 (2000)

Par	LA	Balance Sheet							
			(A) Beginning of year		(B) End of year				
	1	Cash · non-interest-bearing	9,354.	1	11,797.				
	2	Savings and temporary cash investments	5,354.	2	21,1316				
	3	Pledges and grants receivable, net		3					
	4	Accounts receivable, net	101,393.	4	22,963.				
1	-	Receivables from current and former officers, directors, trustees, key	101,393.		42,303.				
	5	employees, or other related parties. Complete Part II of Schedule L		_					
-	_	Receivables from other disqualified persons (as defined under section		5					
	6								
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L							
	-	· · · · · · · · · · · · · · · · · · ·		6					
ets	7	Notes and loans receivable, net		7					
Assets	8	Inventories for sale or use		8	E 20				
1	9	Prepaid expenses and deferred charges		9	528.				
		Land, buildings, and equipment cost basis 10a 164,142.							
	b	Less accumulated depreciation Complete	2 606	.	1 215				
		Part VI of Schedule D 162,827.	3,696.		1,315.				
	11	Investments - publicly traded securities	F 255	11	F 255				
	12	Investments other securities See Part IV, line 11	5,355.	12	5,355.				
	13	Investments - program-related See Part IV, line 11		13					
	14	Intangible assets		14					
	15	Other assets See Part IV, line 11	110 000	15	41 050				
	16	Total assets. Add lines 1 through 15 (must equal line 34)	119,798.	16	41,958.				
	17	Accounts payable and accrued expenses	463,573.	17	467,836.				
	18	Grants payable		18					
	19	Deferred revenue Tax-exempt bond liabilities		19 20					
	20								
les	21	Escrow account liability Complete Part IV of Schedule D		21					
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,							
isi		highest compensated employees, and disqualified persons Complete Part II							
_		of Schedule L		22					
	23	Secured mortgages and notes payable to unrelated third parties		23					
	24	Unsecured notes and loans payable		24					
	25	Other liabilities Complete Part X of Schedule D	1.60 550	25	165 006				
	26	Total liabilities. Add lines 17 through 25	463,573.	26	467,836.				
		Organizations that follow SFAS 117, check here X and complete		-					
Ses		lines 27 through 29, and lines 33 and 34.	242 ===						
anc	27	Unrestricted net assets	-343,775.	27	-425,878.				
Bal	28	Temporarily restricted net assets		28					
Net Assets or Fund Balances	29	Permanently restricted net assets		29					
Ŧ.		Organizations that do not follow SFAS 117, check here							
ō		complete lines 30 through 34.							
set	30	Capital stock or trust principal, or current funds		30					
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31					
let.	32	Retained earnings, endowment, accumulated income, or other funds		32					
~	33	Total net assets or fund balances	-343,775.		-425,878.				
	34	Total liabilities and net assets/fund balances	119,798.	34	41,958.				
Pai	t XI	Financial Statements and Reporting			Van No				
			1 a		Yes No				
1		ounting method used to prepare the Form 990	Other						
2a		e the organization's financial statements compiled or reviewed by an independent a	accountant?		2a X				
b		e the organization's financial statements audited by an independent accountant?			2b X				
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,								
		w, or compilation of its financial statements and selection of an independent according			2c X				
За		result of a federal award, was the organization required to undergo an audit or aud	dits as set forth in the Sing	ile Aud					
		and OMB Circular A-133?			3a X				
<u>b</u>	If "Ye	es," did the organization undergo the required audit or audits?			3b				
83201	1 12-18	9-08			Form 990 (2008)				

832011 12-18-08

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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 t	the organizati	ion						E		dentificati		ber
· 			D COMMUNITY						23	<u> -2800</u>	<u>431</u>	
Part I			rity Status (All organia				t) (see ins	tructions)		·		
The organ			because it is (Please ch	-	_							
1 🖳			es, or association of chur			ction 170	(b)(1)(A)(i).				
2			70(b)(1)(A)(ii). (Attach Sc									
3 🖳		-	ital service organization									
4 📖			operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter tr	ne hospital	s name	•
	city, and stat		baseful of a college as w									
5 📖	_	•	benefit of a college or u	riiversity o	wned or of	perated by	a govern	mentai uni	describe	ea in		
<u>د</u> 🗀		(b)(1)(A)(iv). (Comp	•	t dasamba	. ده ده	- 470/-1/-	1)/ A.V. A					
6 <u> </u>			nent or governmental uni ceives a substantial part					ar fram tha		مممله مناطيي		
, .		(b)(1)(A)(vi). (Comple		or its supp	on nom a	governine	mai umi (or moint the	general p	aplic desci	noed in	
8			section 170(b)(1)(A)(vi).	(Complete	Part II \							
9 X	-		ceives (1) more than 33	-		rom contri	hutions n	nembershi	n fees an	d aross rea	ceints fr	om
			inctions - subject to certa									
			taxable income (less sec	-		•			• •	•		
		509(a)(2), (Complet	•		,		•	, ,			•	
10 🔲			perated exclusively to te	st for publ	lic safety 5	See sectio	n 509(a)(4). (see ins	tructions)			
11 🔲	An organizat	ion organized and c	perated exclusively for the	he benefit	of, to perfo	orm the fui	nctions of	or to carr	y out the p	ourposes o	of one or	r
	more publicly	y supported organiz	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2) See see	ction 509(a	a)(3). Che	ck the box	that	
	describes the	e type of supporting	organization and compl	lete lines 1	1e through	n 11h						
	a L Type		,,		e III - Func	•	•			Type III - C		
e 📖	_		at the organization is not		-	-	-					
			than one or more publicl		_				(a)(1) or s	ection 509	(a)(2)	
f	_		tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Typ	e III				
		rganization, check t				_			_			
9	-		organization accepted a			•		• •		1	<u></u>	
	• • •	<u>-</u>	directly controls, either a	ione or tog	jetner with	persons o	iescribea	in (ii) and (i	ii) below,	44-0	Yes	No
	-		supported organization? In described in (i) above?	,						11g(i)		
	• •	· ·	a person described in (i)		۵2					11g(ii) 11g(iii)	 	
h			about the organizations			nnorts				119(11)		
	. , , , , , , , , , , , , , , , , , , ,	onoving imorridation	rabout the organizations	o and organ	neation su	Sports						
(1) Namo	of supported	(ii) EIN	(iii) Type of	(iv) Is the	organization	(v) Did voi	i notify the	(vi) is	the	() Am		_
	anization	(11) C 114	organization (described on lines 1-9	in col. (ı) lı	sted in your	organizat	ion in col.	organizátio (i) organiz	on in col l	(vii) Am subi	port	
J			above or IRC section	governing	document?	(i) of you	r support?	Ü.S	2			
			(see instructions))	Yes	No	Yes	No	Yes	No			
				İ								
	 -	<u> </u>		 								
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				<u> </u>								
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			 	-								
				}	ļ		l 					
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			 	1	 		<u> </u>	 		 .		
Total												
_	Privacy Act ar	nd Paperwork Red	uction Act Notice, see t	he Instruc	tions for I	orm gan	L	Schedul	e A (Form	990 or 99	0-F7\ 2	
	auj mot ai	apovin i icui				J			- ~ ti Oilli			

Sche	edule A (Form 990 or 990 EZ) 2008 rt II Support Schedule for	Organizations	Described in	Sections 170	0(b)(1)(A)(iv) an	d 170(b)(1)(A)(\(\)	Page 2
	(Complete only if you checke	_					•
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and					, ,	
	membership fees received. (Do not		1				
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		-				
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 - 3						
5	The portion of total contributions	!				1	i
	by each person (other than a						
	governmental unit or publicly				1		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public Support. Subtract line 5 from line 4						
	tion B. Total Support	T		T	T	T	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	ļ			 		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					1	
_	and income from similar sources				 	-	
9	Net income from unrelated business	}			,		
	activities, whether or not the						
40	business is regularly carried on					 	<u> </u>
10	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities	etc (see instructi	ons)	ı	<u> </u>	12	<u> </u>
	First five years. If the Form 990 is fo	•	•	rd fourth or fifth i	tax vear as a secti		
	organization, check this box and sto	•	o o ., o o o o o ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(-/(-/	▶□
Sec	ction C. Computation of Pub		rcentage				
14	Public support percentage for 2008 ((line 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2007	7 Schedule A, Part	IV A, line 26f			15	%
16a	33 1/3% support test - 2008. If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶∟」
b	33 1/3% support test - 2007. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check	this box and stop	here. Explain in P	art IV how the orga	nization
	meets the "facts-and-circumstances"	_	=		_		▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets t						e .
	organization meets the "facts-and cir						
18	Private foundation. If the organization	on did not check a	box on line 13, 10	oa, 16b, 17a, or 17			
					Scr	edule A (Form 990	J UI 99U-EZ) 2UU8

Schedule A (Form 990 or 990-EZ) 2008 ADVANCED_COMMUNITY SERVICE ASSOCIATES 23-2800431 Page 3 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 (d) 2007 (e) 2008 (c) 2006(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 914,512. 684,826. 619,803. organization's tax-exempt purpose 1 014 325 1 267 762 4 501 228. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 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 914,512. 684,826. 619,803 6 Total. Add lines 1 - 5 1,014,325 1,267,762 4.501.228 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) 4 501 228 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (e) 2008 **(b)** 2005 (c) 2006(d) 2007 (f) Total 914,512 684,826 619,803 9 Amounts from line 6 1,267,762 1.014.325 4,501,228. 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 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) Total support (Add lines 9, 10c, 11, and 12) 4.501.228 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)) 100.00 % 15 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage .00 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 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 $\triangleright X$ 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)

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.

2008
Open to Public Inspection

Name of the organization

Employer identification number

		SERVICE ASSOCIATES		23-2800431
Pa			or Accou	Jnts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6 (a) Donor advised funds	/E\ F	ada and ather are a second
		(a) Donor advised funds	(b) Fur	nds and other accounts
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	L		
5	Did the organization inform all donors and donor advisors in	-	ed funds	
	are the organization's property, subject to the organization's	•		└── Yes └── No
6	Did the organization inform all grantees, donors, and donor a			
Da	for charitable purposes and not for the benefit of the donor			
Pa		-	art IV, line 7	
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or public use)	pleasure) Preservation of an his	torically imp	ortant land area
	Protection of natural habitat	Preservation of certific	ed historic st	tructure
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qualified con-	servation contribution in the form of a cons	servation eas	sement on the last day
	of the tax year			
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired		2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization	n during the taxable
	year ►			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations, ar	nd	
	enforcement of the conservation easements it holds?			Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	and enforcing easements during the year 🕨	·	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year \blacktriangleright \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170((h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes f	the organiza	tion's accounting for
	conservation easements			
Pa	t III Organizations Maintaining Collections of		ther Simil	ar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116, no			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	olic service, i	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	ce sheet wo	rks of art, historical treasures,
	or other similar assets held for public exhibition, education, of	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 tre	easures, or other similar assets for financial	gain, provid	le
	the following amounts required to be reported under SFAS 1		- •	
а	Revenues included in Form 990, Part VIII, line 1	-	•	\$
b	Assets included in Form 990, Part X		•	\$
	<u></u> _		•	
LHA	For Privacy Act and Paperwork Reduction Act Notice, see	e the Instructions for Form 990.		Schedule D (Form 990) 2008

832051 12-23-08

	dule D (Form 990) 2008 ADVANCE: t III Organizations Maintaining C	O COMMUNIT	Y SE	RVICE	ASSOCI	ATES or Oth	er Simil	23-28 ar Asse	00431	Page 2
3	Using the organization's accession and other									
	that apply)			Ū	J				•	
а	Public exhibition	c	ı 🔲	Loan or exc	hange progr	ams				
b	Scholarly research	€			0.0					
С	Preservation for future generations					•				
4	Provide a description of the organization's co	ilections and explai	n how tl	hey further t	he organizati	on's exe	mpt purp	ose ın Par	t XIV	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Trust, Escrow and Custodial					ered "Ye	s" to Forn	n 990, Par	t IV, line 9,	
	reported an amount on Form 990, Par	t X, line 21	<u>-</u>						,	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets no	tincluded			
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table						
	•	,	Ū						Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	212						Yes	No
	If "Yes," explain the arrangement in Part XIV									
Pai		organization answ	ered "Ye	es" to Form 9	990, Part IV,	line 10				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions					- "				
С	Investment earnings or losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs					-				
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	as		•	•			•	
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	 %								
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	ınd admınıste	ered for t	he organi	zation		
	by	-					· ·		Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ıi)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required of	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the	organization's end	owment	funds						
Pai	t VI Investments - Land, Building				, Part X, line	10				
	Description of investment	(a) Cost or o		1 17	or other (other)	(c) [Depreciation	on	(d) Book	value
12	Land	ļ sou			·/					
b	Buildings		•							
b	Leasehold improvements	,								
ď	Equipment				2,407.		61,0	92	1	,315.
u e	Other				1,735.		101,0			, <u>, , , , , , , , , , , , , , , , , , </u>
	. Add lines 1a-1e (Column (d) should equal Fo	orm 990. Part X. coli	(B)				<u> </u>	D	1	,315.

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 ADVANCED COMPart VII Investments - Other Securities. See	MUNITY SERVI	CE ASSOCIATES	23-2800431 Page 3
(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation. d-of-year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
SECURITY DEPOSITS	5,355.	COST	
Total (Col (b) should equal Form 990, Part X, col (B) line 12.)	5,355.		
Part VIII Investments - Program Related. See	5,333.	·····	
	(b) Book value		ethod of valuation
(a) Description of investment type	(b) Book value		d-of-year market value
T. I. (0.1(1). I. I. I. I. I. I. I. I. I. I. I. I. I.			
Total (Col (b) should equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. See Form 990, Part X, line 1	<u> </u>		
	escription		(b) Book value
		····	
			
			
Total. (Column (b) should equal Form 990, Part X, col (B) line	15)		>
Part X Other Liabilities. See Form 990, Part X, III (a) Description of liability	ne 25	(b) Amount	
		(b) Amount	
Federal income taxes			
Total. (Column (b) should equal Form 990, Part X, col (B) line	251		
In Part XIV, provide the text of the footnote to the organization		that reports the organization	on's liability for uncertain tax positions
under EIN 49	o., o manolal statements	roporto trio organizatio	5 don'ty for directian tax positions

Schedule D (Form 990) 2008

_	dule D (Form 990) 2008 ADVANCED COMMUNITY SERVICE			23-2	800431	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Financial Stat	ements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			<u>,803.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			<u>,906.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		-82	<u>,103.</u>
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6		<u> </u>	
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net). Add lines 4-8		9			0.
10 Date	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial Stateme	nte With Reve	10 Der	Peturn	-82	<u>,103.</u>
		iits with heve	iuc pei		610	,803.
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12			1	013	, 005.
2	Net unrealized gains on investments	2a				
a	Donated services and use of facilities	2b		-		
b	Recoveries of prior year grants	2c		-		
d d	Other (Describe in Part XIV)	2d		-		
	Add lines 2a through 2d	zu]		2e		0.
е 3	Subtract line 2e from line 1			3	619	,803.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			3	<u> </u>	<u>, 003.</u>
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	<u> </u>		4c		0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	619	,803.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	enses pe			70001
1	Total expenses and losses per audited financial statements		<u> </u>	1		,906.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					•
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Losses reported on Form 990, Part IX, line 25	2c		\neg		
d	Other (Describe in Part XIV)	2d		7		
e	Add lines 2a through 2d	L				0.
3	Subtract line 2e from line 1			3	701	,906.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	701	,906.
Pa	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	I, lines 1a and 4; Pa	art IV, lines	1b and 2	b, Part V, line	4, Part
X, Pa	rt XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b					
		<u> </u>				
						
						 -
				Caba 4	ulo D (Form 9	100) 0000

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

► 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.

2008
Open to Public Inspection

Name of the organization ADVANCED COMMUNITY SERVICE ASSOCIATES	Employer identification number 23-2800431
FORM 990, PART VI, SECTION A, LINE 10: BOARD REVIEWS FORM	990 AT BOARD OF
DIRECTOR MEETING.	
TORM OOG DARE UT GEGETON D. I THE 10G BUT ORGANIZATION I	
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION DESIGNATION DESCRIPTION OF DIRECTORS MEETINGS.	MONITORS AND
FORM 990, PART VI, SECTION C, LINE 19: ORGANIZATION DOCUM	ENTS AVAILABLE
UPON REQUEST.	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

▶ See separate instructions.

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Open to Public Inspection OMB No 1545-0047

Employer identification number Direct controlling Direct controlling 23-2800431 entity entity Ē End-of-year assets status (if section 501(c)(3)) Public charity Œ Œ 509(A)(2) 509(A)(2) Total income Exempt Code section 9 501(C)(3) 501(C)(3) <u>@</u> Legal domicile (state or Legal domicile (state or foreign country) foreign country) 0 <u>ල</u> PENNSYLVANIA PENNSYLVANIA ADVANCED COMMUNITY SERVICE ASSOCIATES LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. HOUSING FOR HANDICAPPED MENTAL HEALTH SERVICES Primary activity Primary activity <u>@</u> <u>@</u> SLDERLY Identification of Related Tax-Exempt Organizations 23-2761822, 712 HARRISON AVENUE, SCRANTON SCRANTON COUNSELING CENTER - 24-0795620 Identification of Disregarded Entities HARRISON HOUSE PERSONAL CARE HOME -Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization SCRANTON, PA 18503 326 ADAMS AVENUE PA 18510 Part II Part

Schedule R (Form 990) 2008

Page 2

Part III Identification of Related Organizations Taxable as a Partnership

(J) General or managing partner? Yes No				(H) Percentage ownership			2008
IBI Gel box ma dule Pa 065) Ye		 		(H) Percent owners			 rm 990)
(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				(G) Share of end-of-year assets			Schedule R (Form 990) 2008
(H) Disproportionate allocations?						 	 Sch
				(F) Share of total income			
(G) Share of end-of-year assets				(E) Type of entity (C corp, S corp, or trust)			
(F) Share of total income							-
		 		(D) Direct controlling entity			
t income estment ed)) Direct c			
(E) Predominant income (related, investment, unrelated)				(C) Legal domicile (state or foreign country)			
(D) Direct controlling entity			or Trust	(B) Primary activity			21
(C) Legal domicile (state or foreign country)			ooration or	Prir			_
(B) Primary activity			nizations Taxable as a Corp				
(A) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation	(A) Name, address, and EIN of related organization			832162 12-23-08

Page 3

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II. III. or IV		Yes	2
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		19	×
		4	×
		1	×
Calit, grant, or capital contribution of the capital of the capita		2 :	:
d Loans or loan guarantees to or for other organization(s)		1g	×
e Loans or loan quarantees by other organization(s)		1e	×
f Sala of assets to other organization(s)		*	×
			
g Furchase of assets from other organization(s)		22	∢:
h Exchange of assets		두	×
i Lease of facilities, equipment, or other assets to other organization(s)		=	×
		-	>
J Lease of facilities, equipment, or other assets from other organization(s)		= ;	4
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×
Performance of services or membership or fundraising solicitations by other organization(s)		=	×
m Sharing of facilities, equipment, mailing lists, or other assets		重	×
n Sharing of paid employees		1 X	
o Reimbursement paid to other organization for expenses		10	×
p Reimbursement paid by other organization for expenses		1p	×
g Other transfer of cash or property to other organization(s)		19	×
		1r	×
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	saction thresholds		
(A)	@	<u>(</u>)	
Name of other organization(s)	Transaction type (a-r)	Amount involved	ō.
(1) SCRANTON COUNSELING CENTER	Z	457,3	69.
(2)			
(3)			
(4)			
(9)			
832163 12-23-08	Sche	Schedule R (Form 990) 2008	2008

Page 4

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

hat was not a related organization. See instructions regarding exclusion for certain investment partnerships:	clusion for certain investment partner						
(A)	(8)	<u>(</u>)	<u>0</u>			ල	£
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- year assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
			Yes No			or schedule K-1 (Form 1065)	1 1
							_
			-				
							_
							_
						Schedule R (Form 990) 2008	990) 2008

23

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545 1709

• If y	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ [X]
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the	s form)	
Do no	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously	filed Fo	rm 8868
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
A cor	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and co	mplete	
Part I	l only .		▶ □
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a nicome tax returns	n exten	sion of time
noted (not a you n	tronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extens below (6 months for a corporation required to file Form 990 T). However, you cannot file Form 8868 electrois automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or construction the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic are goviefile and click on e-file for Charities & Nonprofits.	nically if	(1) you want the additional ated Form 990 T. Instead.
Type print		Emp	loyer identification number
•	ADVANCED COMMUNITY SERVICE ASSOCIATES	2	3-2800431
File by due dat filing you return	te for Number, street, and room or suite no. If a P.O. box, see instructions		
instruct	1 a		
Chec	ck type of return to be filed (file a separate application for each return)		
	Form 990 Form 990-T (corporation) Form 290-T (corporation) Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5 Form 990-EZ Form 990-T (trust other than above) Form 6 Form 990 PF Form 1041 A Form 8	5227 5069	
	TACK EARLEY		
• Th	JACK EARLEY ne books are in the care of ▶ 326 ADAMS AVENUE - SCRANTON, PA 18503		
	elephone No ► 570-348-6100 FAX No ►		
• If t	the organization does not have an office or place of business in the United States, check this box		▶
• If t	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		
box	If it is for part of the group, check this box and attach a list with the names and EINs of a	ll memb	ers 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 un FEBRUARY 15, 2010 to file the exempt organization return for the organization named is for the organization's return for calendar year or X tax year beginning JUL 1, 2008 and ending JUN 30, 2009		The extension
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		
h	nonrefundable credits. See instructions If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated	3a	\$
b	tax payments made Include any prior year overpayment allowed as a credit	26	•
С	Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required.	3b	\$
J	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)		
	See instructions	3c	\$N/A
	ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form		

For Privacy Act and Paperwork Reduction Act Notice, see Instructions

LHA

.` Form 88	68 (Rev. 4-2009)				Page 2
• If you	Durage filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this book of the complete Part II if you have already been granted an automatic 3-month extension on a previously filed but are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)		3868.		▶ X
Part	II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies r	eeded)		
Туре о	Name of Exempt Organization	Empl	oyer ider	ıtifica	tion number
print	ADVANCED COMMUNITY SERVICE ASSOCIATES	2	3-280	043	1
File by the extended due date filing the	Number, street, and room or suite no. If a P.O. box, see instructions	For IF	RS use or	ıly	
return Se					
XF	type of return to be filed (File a separate application for each return) orm 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A orm 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	==	orm 5227 orm 6069		Form 8870
STOP!	Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form 8	868.	
	JACK EARLEY books are in the care of ▶ 326 ADAMS AVENUE - SCRANTON, PA 18503 phone No ▶ 570-348-6100 FAX No ▶				
• if the	e organization does not have an office or place of business in the United States, check this box s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the			-	•
-	request an additional 3-month extension of time until MAY 15, 2010 or calendar year , or other tax year beginning JUL 1, 2008 , and ending	.TITN	30	201	10
	this tax year is for less than 12 months, check reason Initial return Final return				ounting period
<u> 7</u>	tate in detail why you need the extension ADDITIONAL INFORMATION REQUIRED FROM THIRD PARTIES TO AND ACCURATE RETURN	PRE	PARE	A C	COMPLETE
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	1			
	onrefundable credits. See instructions	8a	\$		
b If	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated				
	ax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$		
	lalance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit				
	outh FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$		N/A
	Signature and Verification				
	enalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to th , correct, and complete, and that I am authorized to prepare this form.		_	_	
Signatui	e Dantlong R. Carangaga Title DCPA	Date	▶ ∂-	13-	10

Form 8868 (Rev. 4-2009)