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Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

# Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

# 2009

Open to Public Inspection

**A** For the 2009 calendar year, or tax year beginning **OCT 1, 2009** and ending **SEP 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>ORION COMMUNITIES, INC.</b>		<b>D</b> Employer identification number <b>23-2074061</b>	
		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	<b>E</b> Telephone number <b>(610) 415-1140</b>
		<b>247 BRIDGE STREET</b>			<b>F</b> Group Exemption Number
		City or town, state or country, and ZIP + 4 <b>PHOENIXVILLE, PA 19460</b>			

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).  
**G** Accounting method  Cash  Accrual  
Other (specify) \_\_\_\_\_

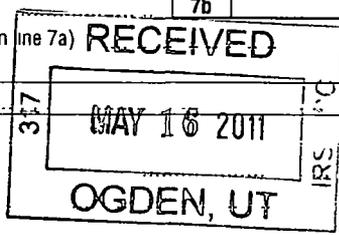
**I** Website: **N/A**  
**J** Tax-exempt status (check only one) —  501(c) ( 3 ) (insert no)  4947(a)(1) or  527  
**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 266,303.**

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

Revenue	1	Contributions, grants, and similar amounts received	1	263,405.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ 3,491. of contributions reported on line 1)	6a	2,869.
b	Less: direct expenses other than fundraising expenses	6b	2,869.	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0.	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe <b>INTEREST INCOME</b> )	8	29.	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	263,434.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	175,674.
	13	Professional fees and other payments to independent contractors	13	10,270.
	14	Occupancy, rent, utilities, and maintenance	14	14,669.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe <b>SEE STATEMENT 1</b> )	16	70,602.
17	<b>Total expenses.</b> Add lines 10 through 16	17	271,215.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,781.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	9,451.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,670.



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

(See the instructions for Part II)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	0.	6,471.
23	Land and buildings		
24	Other assets (describe <b>ACCOUNTS RECEIVABLE</b> )	22,000.	0.
25	<b>Total assets</b>	22,000.	6,471.
26	<b>Total liabilities</b> (describe <b>SEE STATEMENT 2</b> )	12,549.	4,801.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	9,451.	1,670.

932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

SCANNED JUN 13 2011

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

		Yes	No			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X			
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X			
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T					
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N		X			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.			
b	Did the organization file Form 1120-POL for this year?		X			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A			
39	Section 501(c)(7) organizations Enter					
a	Initiation fees and capital contributions included on line 9	39a	N/A			
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	0.	section 4912	0.	section 4955	0.
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X			
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0.			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X			
41	List the states with which a copy of this return is filed	PA				
42a	The organization's books are in care of	RAY SHANAHAN	Telephone no	610-415-1140		
	Located at	247 BRIDGE STREET, PHOENIXVILLE, PA	ZIP + 4	19460		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X			
	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X			
	If "Yes," enter the name of the foreign country					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X			

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

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 

	Yes	No
46		X
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 

47		X
----	--	---
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 

48		X
----	--	---
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 

49a		X
-----	--	---
- b If "Yes," was the related organization a section 527 organization? 

49b		
-----	--	--
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

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

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

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

NONE

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

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**Sign Here** 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.

Signature of officer: Rebecca Romain, President of the Board Date: 5/11/2011  
 Type or print name and title: Rebecca Romain

**Paid Preparer's Use Only** Preparer's signature: [Signature] Date: 3/8/2011 Check if self-employed:  Preparer's identifying number (See instr): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: HERBEIN + COMPANY, INC.  
2763 CENTURY BOULEVARD  
READING, PA 19610 EIN: \_\_\_\_\_ Phone no: (610) 378-1175

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

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization **ORION COMMUNITIES, INC.** Employer identification number **23-2074061**

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

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8  A community trust described in section 170(b)(1)(A)(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).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

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

  - (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?
- h Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	207,958.	269,820.	285,884.	227,513.	263,405.	1,254,580.
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 <b>Total.</b> Add lines 1 through 3	207,958.	269,820.	285,884.	227,513.	263,405.	1,254,580.
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)						202,565.
6 <b>Public support.</b> Subtract line 5 from line 4						1,052,015.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	207,958.	269,820.	285,884.	227,513.	263,405.	1,254,580.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	523.	457.	579.	313.	29.	1,901.
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.)		572.	218.			790.
11 <b>Total support.</b> Add lines 7 through 10						1,257,271.
12 Gross receipts from related activities, etc. (see instructions)					12	2,869.

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 2009 (line 6, column (f) divided by line 11, column (f))	14	83.67 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	84.09 %
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> ▶		
b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> ▶		
17a <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> ▶		
b <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> ▶		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> ▶		

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>		%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

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

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

<b>Type or print</b>	Name of exempt organization <b>ORION COMMUNITIES, INC.</b>	Employer identification number <b>23-2074061</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>247 BRIDGE STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PHOENIXVILLE, PA 19460</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**RAY SHANAHAN**

- The books are in the care of ▶ **247 BRIDGE STREET - PHOENIXVILLE, PA 19460**  
Telephone No. ▶ **610-415-1140** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2009**, and ending **SEP 30, 2010**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
PAYROLL TAXES		11,659.	
TELEPHONE		5,465.	
SUPPLIES		3,151.	
COMMUNITY OUTREACH & EDUCATION		46,648.	
INSURANCE		877.	
MISCELLANEOUS		2,802.	
TOTAL TO FORM 990-EZ, LINE 16		70,602.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PAYROLL TAX LIABILITIES	4,397.	2,801.	
OTHER LIABILITIES	2,000.	2,000.	
CASH OVERDRAFT	6,152.	0.	
TOTAL TO FORM 990-EZ, LINE 26	12,549.	4,801.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

EMERGENCY ASSISTANCE/COMMUNITY ACCOUNT: THIS PROGRAM PROVIDES FINANCIAL ASSISTANCE, AS WELL AS COUNSELING, TO FAMILIES AND INDIVIDUALS IN CRISIS. THE FINANCIAL ASSISTANCE IS PROVIDED TO HELP SOLVE A WIDE RANGE OF EMERGENCIES, INCLUDING EVICTIONS DUE TO RENT NONPAYMENT, LACK OF TRANSPORTATION TO JOBS/MEDICAL APPOINTMENTS, CLOTHING NEEDS, FOOD, UTILITIES BEING TURNED OFF, ETC.

DURING THE PAST YEAR, 15 FAMILIES WERE SUPPORTED THROUGH EMERGENCY HOUSING.

FAMILIES FROM CRISIS: THE FAMILIES FROM CRISIS PROGRAM SEEKS TO SUPPORT SINGLE PARENT FAMILIES IN CRISIS TO ACHIEVE STABILITY AND INDEPENDENCE.

DURING THE PAST YEAR, ORION WORKED WITH 19 FAMILIES AND SERVED A TOTAL OF 165 FAMILIES.

EMPLOYMENT: THE EMPLOYMENT INITIATIVE EMPHASIZES VOLUNTARY INVOLVEMENT OF COMMUNITY MEMBERS, ESPECIALLY THE BUSINESS COMMUNITY TO WORK WITH ORION TO MATCH EMPLOYERS WITH INDIVIDUALS WHO NEED JOBS, ESPECIALLY THOSE WITH DISABILITIES, AND PROMOTE A LASTING, BENEFICIAL WORK RELATIONSHIP.

DURING THE PAST YEAR, ORION ASSISTED 143 PEOPLE WITH THEIR EMPLOYMENT SEARCH AND FOUND 26 JOBS FOR THEM. IN ADDITION, 30 RESUMES WERE DEVELOPED AND TOKENS/GAS MONEY WERE PROVIDED TO SEARCH FOR JOBS AND HELP GET INDIVIDUALS TO WORK.

ORION COMMUNITIES IS COMMITTED TO ENGENDERING HOPE, DIGNITY, AND SELF-RELIANCE FOR THOSE EXPERIENCING POVERTY, DISABILITY, OR ILLNESS. ITS MISSION IS TO HELP RESIDENTS OF THE GREATER PHOENIXVILLE AREA WHOSE NEEDS ARE NOT MET BY OTHER RESOURCES.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 8

DESCRIPTION

GRANTS

EXPENSES

LIFESHARING: THIS PROGRAM BUILDS A COMMUNITY NETWORK OF SUPPORT TO PROVIDE ASSISTANCE TO INDIVIDUALS WITH DISABILITIES TO MAINTAIN INDEPENDENT LIVING AND THEIR OWN "QUALITY OF LIFE."

PERSONAL ADVOCACY: THIS PROGRAM ENTAILS WORKING WITH FAMILIES AND INDIVIDUALS TO OBTAIN THE RESOURCES THAT THEY NEED AND DESERVE. OVER 250 INDIVIDUALS AND FAMILIES WERE ASSISTED DURING THE PAST YEAR.

COMMUNITY OUTREACH: THE OUTREACH GROUP WORKS COLLABORATIVELY WITH OTHER LOCAL ORGANIZATIONS TO HELP SOLVE COMMUNITY AND SPECIFIC INDIVIDUAL OR FAMILY DIFFICULTIES. THE GROUP PARTICIPATES IN SUCH COLLABORATIVE PROGRAMS AS TRANSPORTATION VOUCHERS, A GATEWAY PROGRAM FOR EMERGENCY RENTAL ASSISTANCE FOR THOSE WITH MENTAL ILLNESS, AND THE PHOENIXVILLE CONSORTIUM TO PREVENT HOMELESSNESS.

0. 63,705.

TOTAL TO FORM 990-EZ, LINE 31

63,705.