



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
---	--	---

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization COMMUNITY PROGRESS COUNCIL INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 226 EAST COLLEGE AVENUE City or town, state or country, and ZIP + 4 YORK, PA 17403	D Employer identification number 23-1653135 E Telephone number (717) 846-4600 G Gross receipts \$ 13,467,383
	F Name and address of principal officer GEORGE H MOORE 226 EAST COLLEGE AVENUE YORK, PA 17403	H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	
	J Website: ▶ WWW.YORKCPC.ORG	
	K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	
L Year of formation 1965		
M State of legal domicile PA		

Part I		Summary	
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities COMMUNITY PROGRESS COUNCIL,YORK’S COMMUNITY ACTION AGENCY,EXISTS TO PROVIDE EVERYONE WITH THE OPPORTUNITIES,RESOURCES AND SKILLS TO MOVE TOWARD SELF-SUFFICIENCY CPC IS COMMITTED TO FAIRNESS, DIVERSITY AND INCLUSION		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	581
	6 Total number of volunteers (estimate if necessary)	6	429
	7a	0	
	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,293,740	13,466,909
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	165	84
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,335	390
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,314,240	13,467,383
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	682,399
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		8,137,266	9,220,562
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶3,303			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		2,260,548	2,678,276
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		11,080,213	13,394,537
19 Revenue less expenses Subtract line 18 from line 12		234,027	72,846
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	2,119,005	2,383,421
	21 Total liabilities (Part X, line 26)	1,101,019	1,292,589
	22 Net assets or fund balances Subtract line 21 from line 20	1,017,986	1,090,832

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	Signature of officer			2012-03-05 Date	
	GEORGE H MOORE EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	JOHN D MURR CPA	Preparer's signature	JOHN D MURR CPA	Date
	Firm's name ▶ SAGER SWISHER & COMPANY LLP				Firm's EIN ▶
	Firm's address ▶ 619 WEST CHESTNUT STREET LANCASTER, PA 17603				Phone no ▶ (717) 299-4563
May the IRS discuss this return with the preparer shown above? (see instructions)					☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1 Briefly describe the organization’s mission

COMMUNITY PROGRESS COUNCIL,YORK'S COMMUNITY ACTION AGENCY,EXISTS TO PROVIDE EVERYONE WITH THE OPPORTUNITIES,RESOURCES AND SKILLS TO MOVE TOWARD SELF-SUFFICIENCY CPC IS COMMITTED TO FAIRNESS, DIVERSITY AND INCLUSION

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

If “Yes,” describe these new services on Schedule O

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

If “Yes,” describe these changes on Schedule O

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

4a (Code) (Expenses \$ 5,748,145 including grants of \$) (Revenue \$)

HEAD START/EARLY HEAD START PROGRAM OF YORK COUNTY- PROVIDES SERVICES INCOME ELIGIBLE PRESCHOOL CHILDREN AND THEIR FAMILIES THROUGHOUT YORK COUNTY COMPREHENSIVE SERVICES INCLUDE NUTRITION, EDUCATION AND HEALTH INCLUDING HEAD START REDI, A PROGRAM AIMING TO IMPROVE PRESCHOOLERS' LANGUAGE DEVELOPMENT, LITERACY SKILLS AND SOCIAL-EMOTIONAL DEVELOPMENT VISION, HEARING AND DENTAL SCREENINGS ARE PROVIDED CHILDREN WITH DISABILITIES ARE INCLUDED IN THE PROGRAM FAMILY ADVOCATES WORK WITH PARENTS TO ENRICH THEIR PARTICIPATION AND TO HELP THEM UNDERSTAND THEIR CHILD'S DEVELOPMENT HEAD START CLASSROOMS ARE LOCATED THROUGHOUT THE CITY AND COUNTY

4b (Code) (Expenses \$ 1,343,550 including grants of \$) (Revenue \$)

SENIOR EMPLOYMENT PROGRAM IS A SUBSIDIZED TRAINING PROGRAM IN WHICH INCOME-ELIGIBLE PERSONS, 55 AND OLDER, WHO DESIRE TO LEARN AND WORK, ARE COUNSELED AND OFFERED AN OPPORTUNITY FOR PLACEMENT AT A TRAINING SITE THE PARTICIPANTS TRAIN FOR TWENTY HOURS PER WEEK AT THE SITE AND ARE EXPECTED TO BE ENGAGED IN AN ACTIVE JOB SEARCH DURING THE REMAINDER OF THE DAY ASSESSMENT AND ASSISTANCE WITH FURTHER TRAINING ARE PROVIDED TO ENHANCE THE PARTICIPANT'S SKILL LEVEL WE HAD APPROXIMATELY 194 PARTICIPANTS IN OUR SENIOR PROGRAM

4c (Code) (Expenses \$ 1,290,069 including grants of \$) (Revenue \$)

WOMEN, INFANTS, AND CHILDREN (WIC) - PROVIDES SUPPLEMENTAL FOODS AND NUTRITION EDUCATION FOR PREGNANT WOMEN, BREAST-FEEDING WOMEN, MOTHERS WHO HAVE GIVEN BIRTH WITHIN THE LAST SIX MONTHS, AND CHILDREN LESS THAN FIVE YEARS OF AGE THE PURPOSE OF THE PROGRAM IS TO PREVENT AND REDUCE HEALTH AND DIETARY PROBLEMS DURING PREGNANCY AND EARLY GROWTH STAGES OF A CHILD'S DEVELOPMENT TO QUALIFY AS A PARTICIPANT, CLIENTS MUST MEET WIC INCOME STANDARDS, BE AT MEDICAL OR NUTRITIONAL RISK AS CERTIFIED BY A HEALTH PROFESSIONAL, AND LIVE, (OR RECEIVE HEALTHCARE), IN YORK COUNTY CPC SERVED AN AVERAGE OF 6,839 PARTICIPANTS EACH MONTH

4d Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 4,369,657 including grants of \$ 1,495,699) (Revenue \$)

4e Total program service expenses \$ 12,751,421

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
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 U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
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 U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V ☐					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	567		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	581		
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 (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
8					
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
14a					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 20		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 20		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed▶PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MICHAEL T DOWEARY 226 E COLLEGE AVE YORK, PA 17403 (717) 846-4600

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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 all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT REILLY PRESIDENT	2 00	X		X				0	0	0
(2) EVE GARDNER 2ND VP	2 00	X		X				0	0	0
(3) CINDY RICHARD MEMBER	2 00	X						0	0	0
(4) DANI RODKEY MEMBER	2 00	X						0	0	0
(5) DOUG SMALLWOOD MEMBER	2 00	X						0	0	0
(6) JOSE COLON MEMBER	2 00	X						0	0	0
(7) SUZANNE NUSSEAR MEMBER	2 00	X						0	0	0
(8) HENRY HAY NIXON MEMBER	2 00	X						0	0	0
(9) CATHY ASH MEMBER	2 00	X						0	0	0
(10) J CLAUDIA CAMERENA-HACKOS MEMBER	2 00	X						0	0	0
(11) TERESA GREGORY MEMBER	2 00	X						0	0	0
(12) PAMELA KEENEY MEMBER	2 00	X						0	0	0
(13) PENNY MYERS 1ST VP	2 00	X		X				0	0	0
(14) REV LOMA JAMES MEMBER	2 00	X						0	0	0
(15) TAMMY RAVIER MEMBER	2 00	X						0	0	0
(16) CAROL COOK MEMBER	2 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) SHALEETA WASHINGTON SECRETARY	2 00	X		X				0	0	0
(18) MARIE ROHLER MEMBER	2 00	X						0	0	0
(19) SHILVOSKY BUFFALOE TREASURER	2 00	X		X				0	0	0
(20) DEBRA BISER MEMBER	2 00	X						0	0	0
(21) GEORGE H MOORE EXE DIRECTOR	40 00			X				57,905	0	23,198
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								57,905		23,198

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a78,079	13,466,909				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e13,213,686					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f175,144					
	g	Noncash contributions included in lines 1a-1f \$	77,213					
	h	Total. Add lines 1a-1f						
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)						
				84			84	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a						
		b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events . . .						
9a	Gross income from gaming activities See Part IV, line 19 . . .							
	a							
	b	Less direct expenses	b					
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances . . .							
	a							
	b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	RENT INCOME		531390	390		390		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			390				
12	Total revenue. See Instructions			13,467,383		474		

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	1,495,699	1,495,699		
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	81,103		81,103	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,322,126	7,000,495	318,328	3,303
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	781,453	741,328	40,125	
10	Payroll taxes	1,035,880	982,692	53,188	
a	Fees for services (non-employees)				
	Management				
b	Legal	19,728		19,728	
c	Accounting	37,118		37,118	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	110,919	115,363	-4,444	
12	Advertising and promotion	12,886	8,065	4,821	
13	Office expenses	628,018	602,008	26,010	
14	Information technology	9,768	9,408	360	
15	Royalties				
16	Occupancy	641,269	636,653	4,616	
17	Travel	153,317	152,034	1,283	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	323,050	315,948	7,102	
20	Interest	12,036	9,793	2,243	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	133,343	133,343		
23	Insurance	63,497	50,589	12,908	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ENROLLMENT COSTS	188,231	188,231		
b	FOOD	166,800	164,181	2,619	
c	DONATED MATERIALS	77,213	77,213		
d	FOOD SUPPLIES	22,094	22,094		
e	EQUIPMENT MAINTENANCE	19,175	11,175	8,000	
f	All other expenses	59,814	35,109	24,705	
25	Total functional expenses. Add lines 1 through 24f	13,394,537	12,751,421	639,813	3,303
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			748	1	748
	2	Savings and temporary cash investments			8,481	2	8,508
	3	Pledges and grants receivable, net			1,232,974	3	1,428,663
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			49,673	9	33,244
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,701,497	823,479	10c	908,608
	b	Less: accumulated depreciation	10b	792,889			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,650	15	3,650
16	Total assets. Add lines 1 through 15 (must equal line 34)			2,119,005	16	2,383,421	
Liabilities	17	Accounts payable and accrued expenses			903,230	17	718,893
	18	Grants payable				18	
	19	Deferred revenue			7,732	19	4,915
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			190,057	25	568,781
	26	Total liabilities. Add lines 17 through 25			1,101,019	26	1,292,589
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			236,471	27	227,379
	28	Temporarily restricted net assets			781,515	28	863,453
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,017,986	33	1,090,832
	34	Total liabilities and net assets/fund balances			2,119,005	34	2,383,421

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,467,383
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,394,537
3	Revenue less expenses Subtract line 2 from line 1	3	72,846
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,017,986
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,090,832

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization COMMUNITY PROGRESS COUNCIL INC	Employer identification number 23-1653135
--	--

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?
(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 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)

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,377,355	8,001,676	8,900,560	11,293,740	13,466,909	49,040,240
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,377,355	8,001,676	8,900,560	11,293,740	13,466,909	49,040,240
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						49,040,240

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	7,377,355	8,001,676	8,900,560	11,293,740	13,466,909	49,040,240
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,109	305	222	165	84	2,885
9 Net income from unrelated business activities, whether or not the business is regularly carried on				13,972		13,972
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	6,949	7,817	14,729	5,363	390	35,248
11 Total support (Add lines 7 through 10)						49,092,345
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	99 890 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	99 830 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11 and 12)						
14	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 23-1653135
Name: COMMUNITY PROGRESS COUNCIL INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	4,369,657	including grants of \$ 1,495,699) (Revenue \$)
COMMUNITY PROGRESS COUNCIL'S OTHER PROGRAMS INCLUDE CASE MANAGEMENT PROVIDES COMPREHENSIVE SERVICES, ADVOCACY, AND GUIDANCE TO HOMELESS AND LOW-INCOME FAMILIES AND INDIVIDUALS IN ORDER TO HELP THEM ATTAIN SELF-SUFFICIENCY AND TO INCREASE THEIR INVOLVEMENT IN THE COMMUNITY THE PROGRAM PROVIDES ASSESSMENT OF A CLIENT'S SITUATION AND INVOLVES PLANNING A STRATEGY TO ELIMINATE OBSTACLES, LINKING THE CLIENT WITH AVAILABLE RESOURCES THROUGHOUT THE COMMUNITY, AND MONITORING THE PROGRESS OF EACH CLIENT THROUGH FOLLOW-UP EVALUATIONS COMMUNITY CENTERS PROVIDE EDUCATION, HEALTH, HOUSING, NUTRITION, OUTREACH AND REFERRAL, RECREATION, ENERGY, AND COMMUNITY ORGANIZATION SERVICES TO INDIVIDUALS AND FAMILIES PROGRAMS PROVIDE FUEL ASSISTANCE TO LOW-INCOME INDIVIDUALS AND FAMILIES PROVIDES LOW INCOME HOME ENERGY ASSISTANCE CRISIS PROGRAM, FOOD PANTRY, PROJECT HELPING HANDS, PROJECT GOOD NEIGHBOR, G E D CLASSES, INFORMATION AND REFERRAL SERVICES AND SENIOR CITIZEN ACTIVITIES FOR APPROXIMATELY 400 CLIENTS THE BUILDING ACCOUNT IS UTILIZED TO CAPTURE THE OCCUPANCY COST OF THE NOELL BUILDING INCLUDING UTILITIES, MAINTENANCE, REPAIRS AND JANITORIAL SERVICES THE COSTS ARE THEN DISTRIBUTED TO THE PROGRAMS THAT OCCUPY THE BUILDING ON THE BASIS OF SQUARE FOOTAGE PRE-K COUNTS IS A COOPERATIVE PARTNERSHIP WITH THE SCHOOL DISTRICT OF THE CITY OF YORK TO PROVIDE FREE PRE-SCHOOL TO 4 YEAR OLD CHILDREN WHO LIVE IN YORK CITY THE FOSTER GRANDPARENTS PROGRAM IS A SUBSIDIZED VOLUNTEER PROGRAM THAT PROVIDES OPPORTUNITIES FOR OLDER ADULTS TO BUILD POSITIVE RELATIONSHIPS WITH CHILDREN AND YOUTH BASED ON SHARING, COMMUNICATION AND TRUST PEOPLE OVER THE AGE OF 60 WHO MEET FEDERAL INCOME GUIDELINES ARE ASSIGNED TO SCHOOLS, HEAD START CENTERS, HOSPITALS AND JUVENILE FACILITIES TO ASSIST WITH MENTORING OF AT-RISK CHILDREN AND ADOLESCENTS ADULT PARTICIPANTS RECEIVE A TAX-FREE STIPEND ALONG WITH OTHER BENEFITS WHILE PARTICIPATING IN THE PROGRAM CPC RAP - RENTAL ASSISTANCE PROGRAM PROVIDES INCOME ELIGIBLE HOUSEHOLDS WITH HELP TOWARDS THEIR RENT/MORTGAGE AS A DETERRENT TO HOMELESSNESS THE PROGRAM SERVED APPROXIMATELY 2,446 PARTICIPANTS EMERGENCY SHELTER PROVIDES INDIVIDUAL SHELTER NIGHTS THE PROGRAM SERVED APPROXIMATELY 186 PARTICIPANTS YORK HOMEBUYER ASSISTANCE PROGRAM & HOMEBUYER EDUCATION PROGRAM ASSISTS FIRST TIME HOMEBUYERS WITH FUNDS TOWARDS DOWN PAYMENT AND CLOSING COSTS, AS WELL AS ONE-ON-ONE COUNSELING FEDERAL WEED AND SEED IS A STRATEGY THAT AIMS TO PREVENT, CONTROL, AND REDUCE VIOLENT CRIME, DRUG ABUSE, AND GANG ACTIVITY IN DESIGNATED HIGH-CRIME NEIGHBORHOODS THE STRATEGY INVOLVES A TWO-PRONGED APPROACH LAW ENFORCEMENT AGENCIES AND PROSECUTORS COOPERATE IN "WEEDING OUT" VIOLENT CRIME AND DRUG ABUSE, AND "SEEDING" BRINGS HUMAN SERVICES TO THE AREA, EMCOMPASSING PREVENTION, INTERVENTION, TREATMENT, AND NEIGHBORHOOD REVITALIZATION A COMMUNITY-ORIENTED POLICING COMPONENT BRIDGES THE WEEDING AND SEEDING STRATEGIES TIGER ACTION PLAN/21ST CENTURY IS A PROGRAM THAT ENCOURAGES YOUTH AGES 8-17 TO IDENTIFY A SPECIFIC PERSONAL DESIRE OR GOAL AND BEGIN TAKING STEPS TOWARDS ACHIEVING THEIR DREAMS IN THE PROCESS, YOUTH ALSO RECOGNIZE PERSONAL VALUES, INTERESTS, AND TALENTS NEEDED TO ACHIEVE THEIR DREAM GOAL CPC'S TAP HELPS TO INSPIRE AND GUIDE YOUTH IN THE BELIEF THAT THEY CAN ACT ON THEIR DREAMS, MAKE A DIFFERENCE IN THEIR COMMUNITIES AND REALIZE THEIR POTENTIAL, ONE STEP AT A TIME THE WORK READY PROGRAM EMPOWERS CLIENTS TO GRADUALLY ENGAGE IN EMPLOYMENT AND TRAINING ACTIVITIES WHILE STILL REMEDIATING BARRIERS TOWARDS EMPLOYMENT CLIENTS NOT READY FOR EMPLOYMENT MAY PARTICIPATE IN COMMUNITY SERVICE, WORK EXPERIENCE OR EDUCATION ACTIVITIES THE PROGRAM SERVED APPROXIMATELY 261 PARTICIPANTS EMPLOYMENT SKILLS TRAINING PROGRAM OFFERS SERVICES FOR INCOME ELIGIBLE RESIDENTS OF YORK COUNTY BETWEEN THE AGES OF 18 AND 54 WHO ARE CURRENTLY UNEMPLOYED OR SEEKING TO ENHANCE EMPLOYABILITY PROVIDES MOTIVATED INDIVIDUALS WITH OUTDATED OR UNMARKETABLE SKILLS WITH THE INFORMATION, COACHING, CASE MANAGEMENT AND EMPLOYMENT/TRAINING OPPORTUNITIES TO MAKE THEM VIABLE INDIVIDUALS IN TODAY'S JOB MARKET CORPORATE IS USED TO ACCOUNT FOR DONATION REVENUE AND TO POST EXPENSES THAT ARE NOT ATTRIBUTABLE TO SPECIFIC GRANTS AND THAT DO NOT FALL INTO THE CATEGORY OF INDIRECT ADMINISTRATION			

SCHEDULE D
(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization COMMUNITY PROGRESS COUNCIL INC	Employer identification number 23-1653135
---	---

Part I

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

	(a) Donor advised funds	(b) Funds 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	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☒ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☒ No	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►_____

4

Number of states where property subject to conservation easement is located ►_____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☒ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☒ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☒ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

No

3a(ii)

No

b

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

3b

No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,309		6,309
b Buildings		646,366	260,749	385,617
c Leasehold improvements				
d Equipment		588,571	304,187	284,384
e Other		460,251	227,953	232,298
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				908,608

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	113,467,383
2	Total expenses (Form 990, Part IX, column (A), line 25)	213,394,537
3	Excess or (deficit) for the year Subtract line 2 from line 1	372,846
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1072,846

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	113,860,221
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b392,838	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d	2e392,838
3	Subtract line 2e from line 1	313,467,383
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	513,467,383

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	113,787,375
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a392,838	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d	2e392,838
3	Subtract line 2e from line 1	313,394,537
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	513,394,537

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF FASB ASC TOPIC RELATING TO INCOME TAXES, RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION RECOGNIZES THE BENEFITS OR LIABILITIES ASSOCIATED WITH A TAX POSITION DURING THE PERIOD WHICH, BASED ON AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE UPHELD UPON EXAMINATION. TAX POSITIONS THAT ARE OTHER THAN ROUTINE BUSINESS TRANSACTIONS ARE REEVALUATED ANNUALLY. GENERALLY, THE STATUTE OF LIMITATIONS FOR FILING RETURNS IS THREE YEARS FROM THE DATE OF FILING. MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS TAKEN BY THE ORGANIZATION.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
COMMUNITY PROGRESS COUNCIL INC

Employer identification number
23-1653135

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations ▶

3

Enter total number of other organizations ▶

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EMERGENCY SHELTER	186	39,501			
(2) SUPPORTED WORK/WORK READY	261	8,278			
(3) RENTAL ASSISTANCE	2446	1,423,185			
(4) COMMUNITY CENTER PROGRAM	6894	24,735			

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE ORGANIZATION REQUIRES MONTHLY REPORTS FROM PASS THROUGH RECIPIENTS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY PROGRESS COUNCIL INC

Employer identification number
23-1653135

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► ()	X	1	77,213	
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization COMMUNITY PROGRESS COUNCIL INC	Employer identification number 23-1653135
--	--

Identifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERS SUPPORT THE PROGRAMS SPONSORED BY THE ORGANIZATION IN VARIOUS CAPACITIES INCLUDING BUT NOT LIMITED TO JANITORIAL SERVICES, PARENT VOLUNTEERS AT HEAD START PROGRAM AND ADMINISTRATIVE SUPPORT SERVICES AND OUTREACH

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	COMMUNITY PROGRESS COUNCIL'S OTHER PROGRAMS INCLUDE CASE MANAGEMENT PROVIDES COMPREHENSIVE SERVICES, ADVOCACY, AND GUIDANCE TO HOMELESS AND LOW-INCOME FAMILIES AND INDIVIDUALS IN ORDER TO HELP THEM ATTAIN SELF-SUFFICIENCY AND TO INCREASE THEIR INVOLVEMENT IN THE COMMUNITY. THE PROGRAM PROVIDES ASSESSMENT OF A CLIENT'S SITUATION AND INVOLVES PLANNING A STRATEGY TO ELIMINATE OBSTACLES, LINKING THE CLIENT WITH AVAILABLE RESOURCES THROUGHOUT THE COMMUNITY, AND MONITORING THE PROGRESS OF EACH CLIENT THROUGH FOLLOW-UP EVALUATIONS. COMMUNITY CENTERS PROVIDE EDUCATION, HEALTH, HOUSING, NUTRITION, OUTREACH AND REFERRAL, RECREATION, ENERGY, AND COMMUNITY ORGANIZATION SERVICES TO INDIVIDUALS AND FAMILIES. PROGRAMS PROVIDE FUEL ASSISTANCE TO LOW-INCOME INDIVIDUALS AND FAMILIES. PROVIDES LOW INCOME HOME ENERGY ASSISTANCE CRISIS PROGRAM, FOOD PANTRY, PROJECT HELPING HANDS, PROJECT GOOD NEIGHBOR, GED CLASSES, INFORMATION AND REFERRAL SERVICES AND SENIOR CITIZEN ACTIVITIES FOR APPROXIMATELY 400 CLIENTS. THE BUILDING ACCOUNT IS UTILIZED TO CAPTURE THE OCCUPANCY COST OF THE NOELL BUILDING INCLUDING UTILITIES, MAINTENANCE, REPAIRS AND JANITORIAL SERVICES. THE COSTS ARE THEN DISTRIBUTED TO THE PROGRAMS THAT OCCUPY THE BUILDING ON THE BASIS OF SQUARE FOOTAGE. PRE-K COUNTS IS A COOPERATIVE PARTNERSHIP WITH THE SCHOOL DISTRICT OF THE CITY OF YORK TO PROVIDE FREE PRE-SCHOOL TO 4 YEAR OLD CHILDREN WHO LIVE IN YORK CITY. THE FOSTER GRANDPARENTS PROGRAM IS A SUBSIDIZED VOLUNTEER PROGRAM THAT PROVIDES OPPORTUNITIES FOR OLDER ADULTS TO BUILD POSITIVE RELATIONSHIPS WITH CHILDREN AND YOUTH BASED ON SHARING, COMMUNICATION AND TRUST. PEOPLE OVER THE AGE OF 60 WHO MEET FEDERAL INCOME GUIDELINES ARE ASSIGNED TO SCHOOLS, HEAD START CENTERS, HOSPITALS AND JUVENILE FACILITIES TO ASSIST WITH MENTORING OF AT-RISK CHILDREN AND ADOLESCENTS. ADULT PARTICIPANTS RECEIVE A TAX-FREE STIPEND ALONG WITH OTHER BENEFITS WHILE PARTICIPATING IN THE PROGRAM. CPC RAP - RENTAL ASSISTANCE PROGRAM PROVIDES INCOME ELIGIBLE HOUSEHOLDS WITH HELP TOWARDS THEIR RENT/MORTGAGE AS A DETERRENT TO HOMELESSNESS. THE PROGRAM SERVED APPROXIMATELY 2,446 PARTICIPANTS. EMERGENCY SHELTER PROVIDES INDIVIDUAL SHELTER NIGHTS. THE PROGRAM SERVED APPROXIMATELY 186 PARTICIPANTS. YORK HOMEBUYER ASSISTANCE PROGRAM & HOMEBUYER EDUCATION PROGRAM ASSISTS FIRST TIME HOMEBUYERS WITH FUNDS TOWARDS DOWN PAYMENT AND CLOSING COSTS, AS WELL AS ONE-ON-ONE COUNSELING. FEDERAL WEED AND SEED IS A STRATEGY THAT AIMS TO PREVENT, CONTROL, AND REDUCE VIOLENT CRIME, DRUG ABUSE, AND GANG ACTIVITY IN DESIGNATED HIGH-CRIME NEIGHBORHOODS. THE STRATEGY INVOLVES A TWO-PRONGED APPROACH. LAW ENFORCEMENT AGENCIES AND PROSECUTORS COOPERATE IN "WEEDING OUT" VIOLENT CRIME AND DRUG ABUSE, AND "SEEDING" BRINGS HUMAN SERVICES TO THE AREA, EMCOMPASSING PREVENTION, INTERVENTION, TREATMENT, AND NEIGHBORHOOD REVITALIZATION. A COMMUNITY-ORIENTED POLICING COMPONENT BRIDGES THE WEEDING AND SEEDING STRATEGIES. TIGER ACTION PLAN/21ST CENTURY IS A PROGRAM THAT ENCOURAGES YOUTH AGES 8-17 TO IDENTIFY A SPECIFIC PERSONAL DESIRE OR GOAL AND BEGIN TAKING STEPS TOWARDS ACHIEVING THEIR DREAMS. IN THE PROCESS, YOUTH ALSO RECOGNIZE PERSONAL VALUES, INTERESTS, AND TALENTS NEEDED TO ACHIEVE THEIR DREAM GOAL. CPC'S TAP HELPS TO INSPIRE AND GUIDE YOUTH IN THE BELIEF THAT THEY CAN ACT ON THEIR DREAMS, MAKE A DIFFERENCE IN THEIR COMMUNITIES AND REALIZE THEIR POTENTIAL, ONE STEP AT A TIME. THE WORK READY PROGRAM EMPOWERS CLIENTS TO GRADUALLY ENGAGE IN EMPLOYMENT AND TRAINING ACTIVITIES WHILE STILL REMEDIATING BARRIERS TOWARDS EMPLOYMENT. CLIENTS NOT READY FOR EMPLOYMENT MAY PARTICIPATE IN COMMUNITY SERVICE, WORK EXPERIENCE OR EDUCATION ACTIVITIES. THE PROGRAM SERVED APPROXIMATELY 261 PARTICIPANTS. EMPLOYMENT SKILLS TRAINING PROGRAM OFFERS SERVICES FOR INCOME ELIGIBLE RESIDENTS OF YORK COUNTY BETWEEN THE AGES OF 18 AND 54 WHO ARE CURRENTLY UNEMPLOYED OR SEEKING TO ENHANCE EMPLOYABILITY. PROVIDES MOTIVATED INDIVIDUALS WITH OUTDATED OR UNMARKETABLE SKILLS WITH THE INFORMATION, COACHING, CASE MANAGEMENT AND EMPLOYMENT/TRAINING OPPORTUNITIES TO MAKE THEM VIABLE INDIVIDUALS IN TODAY'S JOB MARKET. CORPORATE IS USED TO ACCOUNT FOR DONATION REVENUE AND TO POST EXPENSES THAT ARE NOT ATTRIBUTABLE TO SPECIFIC GRANTS AND THAT DO NOT FALL INTO THE CATEGORY OF INDIRECT ADMINISTRATION.

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	FINAL REVISION OF FORM 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH ITS WRITTEN CONFLICT OF INTEREST POLICY BY MEANS OF A QUESTIONNAIRE

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE DIRECTOR'S SALARY IS THE RESULT OF A PERFORMANCE REVIEW BY THE BOARD OF DIRECTORS. THE BENEFIT PACKAGE IS THE STANDARD ONE THAT IS AVAILABLE TO ALL ELIGIBLE AGENCY EMPLOYEES. WHEN ANNUAL CONTRACTS ARE NEGOTIATED WITH INSURANCE CARRIERS, ALL BIDS ARE REVIEWED BY SENIOR STAFF AND THE PERSONNEL COMMITTEE AND MUST BE APPROVED BY THE BOARD. COMMUNITY PROGRESS COUNCIL'S HUMAN RESOURCES DIRECTOR DOES ANNUAL PERIODIC SURVEYS OF MARKET RATE FOR THE VARIOUS JOB FUNCTIONS. THE SURVEYS ARE STORED IN THE HR OFFICE AND ARE AVAILABLE TO THE BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR UPON REQUEST. THE FULL BOARD IS MADE AWARE OF AND APPROVES THE COMPENSATION BENEFITS PROVIDED TO MANAGEMENT PERSONNEL.

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	SENIOR STAFF MEMBER SALARIES ARE INCORPORATED INTO THEIR RESPECTIVE PROGRAM BUDGETS AND ARE REVIEWED BY THE BUDGET AND FINANCE COMMITTEE SENIOR STAFF BENEFITS ARE THE STANDARD PACKAGE AVAILABLE TO ALL ELIGIBLE EMPLOYEES

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, BOARD MINUTES, POLICIES AND PROCEDURES AND ITS ANNUAL FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service (99)

See separate instructions.

Attach to your tax return.

Name(s) shown on return COMMUNITY PROGRESS COUNCIL INC	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 23-1653135
---	--	--------------------------------------

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 .	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	121,445

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		19,459	5 0	HY	S/L	1,946
c 7-year property						
d 10-year property		199,013	10 0	HY	S/L	9,952
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	133,343
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No						24b If "Yes," is the evidence written? ☐ Yes ☐ No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2010 tax year (see instructions)					
43 A mortization of costs that began before your 2010 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	