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Form **990**

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

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

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

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

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

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

G Gross receipts \$: **3,672,128**

F Name and address of principal officer:
ROBERT THOMAS
SAME AS ABOVE

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)

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

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

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1968**

M State of legal domicile: **PA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

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): **17**

4 Number of independent voting members of the governing body (Part VI, line 1b): **16**

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a): **64**

6 Total number of volunteers (estimate if necessary): **150**

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34: **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,301,823	3,106,387
9 Program service revenue (Part VIII, line 2g)	409,672	394,931
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,456	-12,257
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-30,107	-27,507
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,688,844	3,461,554
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		422,536
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,790,797	1,819,110
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 198,638		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,018,676	1,228,359
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,809,473	3,470,005
19 Revenue less expenses Subtract line 18 from line 12	-120,629	-8,451
20 Total assets (Part X, line 16)	Beginning of Current Year: 5,397,314	End of Year: 5,484,098
21 Total liabilities (Part X, line 26)	1,496,128	1,576,970
22 Net assets or fund balances Subtract line 21 from line 20	3,901,186	3,907,128

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Robert Thomas*
ROBERT THOMAS
 Type or print name and title: **PRESIDENT**
 Date: **3/16/12**

Paid Preparer Use Only
 Print/type preparer's name: **DARYL E. ESHLEMAN, CPA**
 Preparer's signature: *Daryl E. Eshleman*
 Date: **03/15/12**
 Check if PTIN self-employed: **P00086681**
 Firm's name: **HERSHEY ADVISORS, P.C.**
 Firm's EIN: **20-8042173**
 Firm's address: **OREGON PIKE, P.O. BOX 669 BROWNSTOWN, PA 17508**
 Phone no: **717-859-1158**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No
For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

SCANNED APR 11 2012

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MAR 20 2012
OGDEN, UT
IRS-OSC

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission:**SEE SCHEDULE O****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 \$ **337,859** including grants of \$) (Revenue \$)
THE EAST KING IMPROVEMENT DISTRICT IS THE PROJECT COORDINATOR FOR A NEIGHBORHOOD DEVELOPMENT GRANT ISSUED BY THE WACHOVIA REGIONAL FOUNDATION FOR THE IMPROVEMENT OF THE EAST KING STREET CORRIDOR. THE PROJECT INCLUDES EMPLOYING A COORDINATING TEAM THAT ENGAGES NEIGHBORS IN COMMUNITY IMPROVEMENTS. THE PROJECT ALSO IMPROVES STREETSCAPE, FOSTERS PROPERTY DEVELOPMENT, AND INCREASES A FAVORABLE BUSINESS ENVIRONMENT.

4b (Code:) (Expenses \$ **610,573** including grants of \$) (Revenue \$ **86,279**)
THE TRANSITIONAL LIVING CENTER (TLC) PROVIDES TEMPORARY HOUSING FOR INDIVIDUALS AND FAMILIES TRANSITIONING FROM HOMELESSNESS TO PERMANENT HOUSING. PARTICIPANTS WORK WITH A SOCIAL WORKER AND ATTEND CLASSES ON VARIOUS TOPICS, FROM FINANCIAL COUNSELING TO PARENTING SKILLS. PARTICIPANTS MAY LIVE AT TLC FOR UP TO SIX MONTHS.

4c (Code:) (Expenses \$ **671,629** including grants of \$ **410,610**) (Revenue \$)
THE RENTAL COUNSELING TO PREVENT HOMELESSNESS PROGRAM COUNSELORS ASSIST FAMILIES IN LOCATING ALTERNATIVE, AFFORDABLE HOUSING BY SERVING AS MEDIATORS WITH LANDLORDS. ALSO, COUNSELORS AID CLIENTS IN DEVELOPING SKILLS NEEDED TO BECOME FINANCIALLY RESPONSIBLE TENANTS. THE ORGANIZATION ALSO PROVIDES DIRECT FINANCIAL ASSISTANCE TO ELIGIBLE CLIENTS WHO WERE IMPACTED BY THE HOUSING CRISIS.

4d Other program services (Describe in Schedule O)(Expenses \$ **1,651,306** including grants of \$ **11,926**) (Revenue \$ **320,550**)**4e** Total program service expenses **3,271,367**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part I		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input checked="" type="checkbox"/>	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	
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? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
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? If "Yes," complete Schedule D, Part VII		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part VIII		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part IX		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
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)? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule F, Parts I and IV		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule G, Part I (see instructions)		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? If "Yes," complete Schedule I, Parts I and II		X
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? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b 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? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
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)		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c 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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
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	X	

Yes No

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed PA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: STEVE WELCH 308 E KING ST LANCASTER PA 17608 717-397-5182

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

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. 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 organizations 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) GEORGE COOK TREASURER	1.00	X		X			0	0	0	
(2) JOSYANE CARRO SECRETARY	1.00	X		X			0	0	0	
(3) DENNIS CLEMMER DIRECTOR	1.00	X					0	0	0	
(4) PAUL CURRIE BOARD CHAIR	1.00	X		X			0	0	0	
(5) THOMAS FASNACHT DIRECTOR	1.00	X					0	0	0	
(6) PHILIP FREY DIRECTOR	1.00	X					0	0	0	
(7) CARLOS GRAUPERA DIRECTOR	1.00	X					0	0	0	
(8) DANIEL HESS DIRECTOR	1.00	X					0	0	0	
(9) EARL MARTIN DIRECTOR	1.00	X					0	0	0	
(10) ANNE SHANNON DIRECTOR	1.00	X					0	0	0	
(11) BOWEN SMITH DIRECTOR	1.00	X					0	0	0	
(12) V RONALD SMITH DIRECTOR	1.00	X					0	0	0	
(13) CHRISTINE WIKER VICE CHAIR	1.00	X		X			0	0	0	
(14) THEODORE WILLIAMS DIRECTOR	1.00	X					0	0	0	
(15) HILDA SHIRK DIRECTOR	1.00	X					0	0	0	
(16) AIMEE URBAN DIRECTOR	1.00	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) SHERRY HIBSHMAN DIRECTOR	1.00	X					0	0	0	
(18) ROBERT THOMAS PRESIDENT	40.00			X			93,048	0	2,792	
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							93,048		2,792	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							93,048		2,792	

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 **0**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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 **0**

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 2,166,655				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 939,732				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		3,106,387			
Program Service Revenue	2a 439 EAST KING STREET	Busn. Code 531110	154,447	154,447		
	b TRANSITIONAL LIVING CENTER	531110	86,279	86,279		
	c CONSUMER CREDIT COUNSELING	541900	61,255	61,255		
	d MARKET VIEW	531110	54,914	54,914		
	e OTHER	900099	34,984	34,984		
	f All other program service revenue	900099	3,052	3,052		
	g Total. Add lines 2a-2f		394,931			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,465	4,465		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real	166,345			
		(ii) Personal				
	b Less rental exps		193,852			
	c Rental inc or (loss)		-27,507			
	d Net rental income or (loss)		-27,507	-27,507		
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less cost or other basis & sales exps		16,722			
	c Gain or (loss)		-16,722			
	d Net gain or (loss)		-16,722	-16,722		
	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		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			3,461,554	355,167	0	

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S See Part IV, line 22	422,536	422,536		
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	93,048		93,048	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,377,848	1,161,651	131,094	85,103
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	33,966	25,608	5,849	2,509
9 Other employee benefits	190,116	166,519	16,248	7,349
10 Payroll taxes	124,132	101,228	15,747	7,157
11 Fees for services (non-employees).				
a Management	4,512	4,512		
b Legal				
c Accounting	122,695	5,589	107,506	9,600
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	11,765	11,765		
13 Office expenses	52,390	19,618	20,034	12,738
14 Information technology	9,409		9,409	
15 Royalties				
16 Occupancy	304,337	190,971	110,895	2,471
17 Travel	23,932	18,210	5,557	165
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,214	6,371	3,525	318
20 Interest	7,694	3,832	3,862	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	204,654	115,747	88,907	
23 Insurance	33,780	14,549	19,231	
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 FACADE AND BEAUTIFICATION	268,232	268,232		
b CLIENT OVERSITE EXPENSES	55,425	55,425		
c FUND RAISING EXPENSE	36,256			36,256
d	28,618	28,618		
e CLEANING / MAINTENANCE	20,669	20,669		
f All other expenses	33,777	629,717	-630,912	34,972
25 Total functional expenses. Add lines 1 through 24f	3,470,005	3,271,367	0	198,638
26 Joint costs. Check here <input type="checkbox"/> 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) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	395,865	1	668,649
	2	Savings and temporary cash investments	473,750	2	176,122
	3	Pledges and grants receivable, net	71,952	3	91,605
	4	Accounts receivable, net	204,387	4	431,030
	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	9,590	9	33,941
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 6,745,448		
	b	Less accumulated depreciation	10b 2,970,884	3,985,432	10c 3,774,564
	11	Investments—publicly traded securities	236,338	11	264,872
	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	20,000	15	43,315
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,397,314	16	5,484,098	
Liabilities	17	Accounts payable and accrued expenses	119,343	17	120,408
	18	Grants payable		18	
	19	Deferred revenue	354,679	19	342,677
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	309,465	21	300,538
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	128,250
	23	Secured mortgages and notes payable to unrelated third parties	699,857	23	685,097
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	12,784	25	
	26	Total liabilities. Add lines 17 through 25	1,496,128	26	1,576,970
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	3,460,635	27	3,430,795
	28	Temporarily restricted net assets	429,031	28	464,813
	29	Permanently restricted net assets	11,520	29	11,520
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	3,901,186	33	3,907,128
	34	Total liabilities and net assets/fund balances	5,397,314	34	5,484,098

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	3,461,554
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,470,005
3	Revenue less expenses Subtract line 2 from line 1	3	-8,451
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,901,186
5	Other changes in net assets or fund balances (explain in Schedule O)	5	14,393
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	3,907,128

Part XII Financial Statements and Reporting

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

- 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?
- 2b Were the organization's financial statements audited by an independent accountant?
- 2c If "Yes" to line 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.
- 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 separate 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?
- 3b 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	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

TABOR COMMUNITY SERVICES INC

Employer identification number

23-1731792

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

The organization is not a private foundation because it is: (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 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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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.")	1,647,449	1,909,001	2,173,628	2,301,823	3,106,387	11,138,288
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	1,647,449	1,909,001	2,173,628	2,301,823	3,106,387	11,138,288
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)						141,008
6 Public support. Subtract line 5 from line 4						10,997,280

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	1,647,449	1,909,001	2,173,628	2,301,823	3,106,387	11,138,288
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	205,405	211,254	199,022	188,228	170,810	974,719
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.)	545,887	574,241	501,851	419,672	394,931	2,436,582
11 Total support. Add lines 7 through 10						14,549,589
12 Gross receipts from related activities, etc. (see instructions)					12	565,741
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	75.58%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	72.36%
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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I 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 section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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.** 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).

PART II, LINE 10 - OTHER INCOME DETAIL

PROGRAM INCOME \$ **2,436,582**

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

TABOR COMMUNITY SERVICES INC

23-1731792

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

	(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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

3 Using the organization's acquisition, 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 organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,520				
b Contributions		11,520			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	11,520	11,520			

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

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ 100.00 %
- c Term endowment ▶ %

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

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

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

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

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

Part VI 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		230,996		230,996
b Buildings		6,264,043	2,758,938	3,505,105
c Leasehold improvements				
d Equipment		250,409	211,946	38,463
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				3,774,564

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,461,554
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,470,005
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-8,451
4	Net unrealized gains (losses) on investments	4	28,693
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-14,300
9	Total adjustments (net). Add lines 4 through 8	9	14,393
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	5,942

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

1	Total revenue, gains, and other support per audited financial statements	1	3,700,821
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	28,693
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	210,574
e	Add lines 2a through 2d	2e	239,267
3	Subtract line 2e from line 1	3	3,461,554
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,461,554

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

1	Total expenses and losses per audited financial statements	1	3,694,879
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	224,874
e	Add lines 2a through 2d	2e	224,874
3	Subtract line 2e from line 1	3	3,470,005
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,470,005

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, line 2, 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.

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

AS A COMPONENT OF PROGRAM ACTIVITIES, THE ORGANIZATION AIDS CLIENTS IN THE PROTECTIVE PAYEE SERVICES AND CONSUMER CREDIT COUNSELING PROGRAM WITH BUDGETING AND CASH MANAGEMENT. AS A RESULT, CLIENTS DEPOSIT FUNDS WITH THE ORGANIZATION AND THE ORGANIZATION DISBURSES THE FUNDS IN ACCORDANCE WITH THE DEBT REPAYMENT PLANS ESTABLISHED BY THE ORGANIZATION'S COUNSELOR, THE CLIENT, AND THE CREDITOR. IN ADDITION, THE ORGANIZATION HAS RECEIVED FUNDS

Part XIV Supplemental Information (continued)

TO DISBURSE TO PARTICIPANTS IN THE FAMILY SAVINGS ACCOUNT PROGRAM AND TO PROVIDE CLIENT ASSISTANCE GRANTS UNDER THE RENTAL COUNSELING TO PREVENT HOMELESSNESS PROGRAM.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ORGANIZATION HAS ESTABLISHED THE "A GRACE WENGER ENDOWMENT" DURING 2010. THE EARNINGS GENERATED FROM THE ENDOWMENT WILL ASSIST CLIENTS IN SOLVING HOUSING AND FINANCIAL PROBLEMS. THE ENDOWMENT IS MANAGED BY AN UNRELATED AGENCY (LANCASTER COUNTY COMMUNITY FOUNDATION).

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

RENTAL EXPENSES REPORTED IN PART VIII, LINE 6B	\$	193,852
LOSS ON SALE OF ASSETS REPORTED IN PART VIII, LINE 7D	\$	16,722
LOSS ON IMPAIRMENT	\$	-14,300
RENTAL EXPENSES REPORTED IN PART VIII, LINE 6B	\$	-193,852
LOSS ON SALE OF ASSETS REPORTED IN PART VIII, LINE 7D	\$	-16,722

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RENTAL EXPENSES REPORTED IN PART VIII, LINE 6B	\$	193,852
LOSS ON SALE OF ASSETS REPORTED IN PART VIII, LINE 7D	\$	16,722

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

LOSS ON IMPAIRMENT	\$	14,300
RENTAL EXPENSES REPORTED IN PART VIII, LINE 6B	\$	193,852
LOSS ON SALE OF ASSETS REPORTED IN PART VIII, LINE 7D	\$	16,722

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.

2010

Open to Public Inspection

Name of the organization

Employer identification number

TABOR COMMUNITY SERVICES INC

23-1731792

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?

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

Yes No

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-9.

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

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

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. Part III can be duplicated 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 MATCHED SAVINGS PROGRAM	8	11,926			
2 RENTAL ASSISTANCE	539	371,620			
3 SECURITY DEPOSITS	50	31,897			
4 UTILITIES & OTHER PROJECT	118	7,093			
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
ELIGIBILITY FOR RECEIPT OF FUNDS IS DETERMINED AND DOCUMENTED PRIOR TO
ISSUANCE OF FUNDS. FUNDS ARE DISTRIBUTED DIRECTLY TO A VENDOR OR LANDLORD,
NOT TO AN INDIVIDUAL. THIS ENSURES THAT THE FUNDS ARE EXPENDED
APPROPRIATELY ON BEHALF OF THE INDIVIDUAL.

PART IV - ADDITIONAL INFORMATION
SEVERAL PROGRAMS USE FUNDS OBTAINED THROUGH THE HOUSING & URBAN DEVELOPMENT
(HUD) DEPARTMENT. THESE PROGRAMS PROVIDE SHORT TERM RENTAL ASSISTANCE,
EITHER TO RAPIDLY RE-HOUSE PEOPLE WHO HAVE LOST THEIR HOUSING OR ARE IN

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. Part III can be duplicated 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						
2						
3						
4						
5						
6						
7						

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

DANGER OF BECOMING HOMELESS. OR, TO PREVENT PEOPLE WHO HAVE A TEMPORARY LOSS OF INCOME FROM ALSO BECOMING HOMELESS.

THE ORGANIZATION HAS A MATCHED SAVINGS PROGRAM WHEREIN CLIENTS RECEIVE FINANCIAL LITERACY EDUCATION, WHILE SAVING THEIR OWN MONEY FOR A SPECIALIZED PROJECT. UPON COMPLETION OF ALL PROGRAM REQUIREMENTS, CLIENTS BECOME ELIGIBLE TO RECEIVE A MATCHING GRANT OF UP TO \$2,000.

THE ORGANIZATION ALSO RECEIVED FUNDS FROM THE LANCASTER COUNTY COMMUNITY FOUNDATION TO BE USED TO PROVIDE SHORT-TERM ASSISTANCE TO CLIENTS WHO WERE

23-1731792

TABOR COMMUNITY SERVICES INC

Schedule J (Form 990) (2010)

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. Part III can be duplicated 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						
2						
3						
4						
5						
6						
7						

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

FACING HOMELESSNESS. THESE FUNDS WERE TYPICALLY USED FOR SECURITY DEPOSITS, RENT PAYMENTS, AND UTILITY BILLS.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open To Public Inspection

TABOR COMMUNITY SERVICES INC

Employer identification number

23-1731792

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
PHIL FREY (1) PURCHASE AND RENOVATION OF PROPERTY	X		128,250	128,250		X	X		X	
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total				▶ \$ 128,250						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010Open to Public
InspectionEmployer identification number
23-1731792**TABOR COMMUNITY SERVICES INC**

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

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

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

THE CONSUMER CREDIT COUNSELING PROGRAM AIDS FAMILIES IN FINDING SOLUTIONS TO FINANCIAL PROBLEMS THROUGH BUDGET EDUCATION, BUDGET COUNSELING AND DEBT MANAGEMENT PROGRAMS. IN THE DEBT MANAGEMENT PROGRAM, COUNSELORS NEGOTIATE A FAIR PAYMENT PLAN WITH THE CLIENTS' CREDITORS ALLOWING CLIENTS TO REPAY THEIR BILLS, REDUCE INTEREST COSTS, AND GIVE CREDITORS FULL PAYMENT.

THE ASSET DEVELOPMENT PROGRAM IS FOCUSED ON ASSISTING INDIVIDUALS IN LONG TERM FINANCIAL PLANNING. THE PROGRAM ALSO OFFERS EDUCATION AND GUIDANCE TO LOW INCOME, HARD WORKING FAMILIES WHO ARE GUIDED THROUGH THE HOME OWNERSHIP PROCESS IN ORDER TO ACQUIRE THEIR FIRST HOME. COUNSELORS AID IN THE MORTGAGE APPLICATION PROCESS AND EDUCATE THE CLIENT IN HOME OWNERSHIP RESPONSIBILITIES. THE FAMILY SAVINGS ACCOUNT COMPONENT ENCOURAGES DISCIPLINED SAVINGS HABITS AND ASSET BUILDING BY PROVIDING MATCHING FUNDS TO FAMILIES ENROLLED IN THE PROGRAM. FAMILIES CAN RECEIVE UP TO \$2,000 IN MATCHING FUNDS IF THEY SAVE \$2,000 OVER A TWO-YEAR PERIOD.

THE SHELTER TO INDEPENDENT LIVING PROGRAM COUNSELORS ASSIST HOMELESS

Name of the organization

TABOR COMMUNITY SERVICES INC

Employer identification number

23-1731792

FAMILIES IN FINDING AFFORDABLE HOUSING. IN ADDITION, THE PROGRAM PROVIDES ONE TO TWO YEARS OF FOLLOW-UP COUNSELING TO AID IN EDUCATING THE CLIENTS IN THE SKILLS AND DISCIPLINES NECESSARY TO MAINTAIN LONG-TERM SUFFICIENCY.

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

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

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

THE MORTGAGE COUNSELING PROGRAM AIDS IN ELIMINATING FORECLOSURE PROCEEDINGS BY HELPING CLIENTS APPLY FOR MORTGAGE ASSISTANCE OR PURSUE OTHER OPTIONS. THE PROGRAM ALSO COUNSELS ELDERLY PERSONS ON REVERSE MORTGAGES AND VICTIMS

Name of the organization

TABOR COMMUNITY SERVICES INC

Employer identification number

23-1731792

OF PREDATORY LENDING.

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

THE COMMUNITY HOMELESS OUTREACH CENTER IS A COLLABORATIVE EFFORT WITH SEVERAL COMMUNITY ORGANIZATIONS AND IS OPERATED OUT OF THE WATER STREET RESCUE MISSION IN LANCASTER PA. THE PROGRAM PROVIDES A LOCATION FOR HOMELESS INDIVIDUALS TO OBTAIN RESOURCES, GUIDANCE, AND REST DURING THE DAY. THE PROGRAM IS ADMINISTERED BY THE ORGANIZATION WITH AN INDEPENDENT STEERING COMMITTEE PROVIDING LEADERSHIP, STRATEGIC PLANNING, AND DIRECTION.

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

THE EDUCATION PROGRAM PROVIDES WORKSHOPS DESIGNED TO INCREASE THE PARTICIPANTS' FINANCIAL LITERACY AND SKILL IN BUDGETING, DEBT MANAGEMENT, AND PREPARING FOR HOMEOWNERSHIP. THERE ARE IN-HOUSE WORKSHOPS OPEN TO THE PUBLIC AND WORKSHOPS THAT ARE PROVIDED THROUGHOUT THE COUNTY TO CHURCHES,

Name of the organization

TABOR COMMUNITY SERVICES INC

Employer identification number

23-1731792

NON-PROFITS, BUSINESSES, AND SCHOOLS.

THE 439 EKS PROJECT, OPERATING AS TABOR PLACE, IS A RENTAL PROPERTY CONSISTING OF 26 RENTAL UNITS FOR LOW-INCOME, ELDERLY, AND HANDICAPPED INDIVIDUALS LOCATED AT 439 EAST KING STREET, LANCASTER, PA.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO ITS SUBMISSION TO THE IRS.

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

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

Forms 990 / 990-PF	Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons	2010
For calendar year 2010, or tax year beginning 07/01/10 , and ending 06/30/11		

Name TABOR COMMUNITY SERVICES INC	Employer Identification Number 23-1731792
---	---

FORM 990, PART X, LINE 22 - ADDITIONAL INFORMATION

Name of lender	Title
(1) PHIL FREY	BOARD MEMBER
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 128,250	VARIOUS	10/31/12	BALLOON PMT AT MATURITY	0.000
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) UNSECURED	PURCHASE AND RENOVATION OF PROPERTY
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		128,250
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals		128,250

Mortgages and Other Notes Payable

Forms
990 / 990-PF

2010

For calendar year 2010, or tax year beginning 07/01/10, and ending 06/30/11

Name

Employer Identification Number

TABOR COMMUNITY SERVICES INC

23-1731792

FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION

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

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

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

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	129,697	124,697
(2)	230,160	220,400
(3)	125,000	125,000
(4)	35,000	35,000
(5)	180,000	180,000
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	699,857	685,097