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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

| | | |
|---|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization COMMUNITY AGING CORPORATION Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 8 MILLSTONE CAMPUS SUITE 2000 City or town, state or country, and ZIP + 4 ST LOUIS, MO 63146 | D Employer identification number 43-1365901 E Telephone number (314) 432-1610 G Gross receipts \$ 239,372 |
| F Name and address of principal officer JOAN DENISON 8 MILLSTONE CAMPUS STE 2000 ST LOUIS, MO 63146 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ www.covenantchaistl.org | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation 1985 M State of legal domicile MO |

Part I Summary

| | | | |
|--|---|----------------------------------|---------------------|
| 1 | Briefly describe the organization's mission or most significant activities TO PROVIDE CARING SUPPORT SERVICES TO SENIORS | | |
| 2 Check this box <input type="checkbox"/> 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 | 15 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 15 |
| 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 5 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |
| 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 | Program service revenue (Part VIII, line 2g) | 126,436 | 160,254 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 27,777 | 27,660 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 55,897 | 48,587 |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 623 | 2,871 |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 210,733 | 239,372 |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 0 | 0 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 15,706 | 17,769 |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰ | 0 | 0 |
| 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 176,636 | 178,771 |
| 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 192,342 | 196,540 |
| 19 | Revenue less expenses Subtract line 18 from line 12 | 18,391 | 42,832 |
| 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| 21 | Total liabilities (Part X, line 26) | 2,118,407 | 1,992,732 |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 826,227 | 705,237 |
| | | 1,292,180 | 1,287,495 |

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 | 2012-11-15 Date | |
| | JOAN DENISON EXECUTIVE DIRECTOR Type or print name and title | | |
| Paid Preparer's Use Only | Preparer's signature | Date | Preparer's taxpayer identification number (see instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | Check if self-employed <input type="checkbox"/> | EIN ▶ |
| | RUBINBROWN LLP ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105 | | Phone no ▶ (314) 290-3300 |

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

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

CAC CREATES A VIBRANT, ENGAGING COMMUNITY FOR SENIORS AND HELPS RESIDENTS OF COVENANT HOUSE/CHAI APARTMENTS LIVE INDEPENDENTLY AND WITH DIGNITY THE CARING, SUPPORTIVE SERVICES PROVIDED THROUGH CAC FOR COVENANT HOUSE/CHAI APARTMENT RESIDENTS AND SENIORS IN THE BROADER COMMUNITY PROMOTE HEALTH, PSYCHOLOGICAL AND SOCIAL WELL-BEING, AND HELP THE ELDERLY TO SUCCESSFULLY AGE IN PLACE SOME OF THE ONGOING PROGRAMS FUNDED AND/OR DELIVERED THROUGH CAC INCLUDE SUBSIDIZED HOUSEKEEPING, GROCERY GIFT CARDS, SIX DAY A WEEK EXERCISE CLASSES, HEALTH AND WELLNESS PROGRAMS, LIFE-LONG LEARNING OPPORTUNITIES, VIAL OF LIFE MEDICINE/EMERGENCY CONTACT RECORD, ASSISTANCE WITH FILLING OUT FORMS TO ACCESS GOVERNMENT PROGRAMS/SERVICES, ON-SITE ANNUAL FLU & PNEUMONIA IMMUNIZATIONS, ESCORT ASSISTANCE TO ON-SITE PODIATRIST/PHYSICAL THERAPY, ONLINE COMPUTER LAB, FREE LENDING LIBRARY, AND PROGRAMS TO PROMOTE SOCIALIZATION AND DECREASE ISOLATION

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ | 24,502 | including grants of \$ | 0) (Revenue \$ | 1,289) |
| PREMIER HEALTH PROMOTION SERVICES ENABLE OVER 450 SENIORS TO HAVE ON-SITE ACCESS TO A WIDE VARIETY OF HEALTH PROVIDERS AND SERVICES INCLUDING PODIATRIST, NURSING, INOCULATIONS, PHYSICAL THERAPY, EXERCISE CLASSES, HEALTH FAIR, WELLNESS EDUCATION, AND ESCORT ASSISTANCE TO MEALS AND PHYSICAL THERAPY HEALTH AND WELLNESS PROGRAMS ARE OFFERED TO COMMUNITY SENIORS AS WELL AS TO COVENANT HOUSE/CHAI APARTMENT RESIDENTS | | | | | |

| | | | | | |
|---|----------------------|--------|------------------------|-----------------|----------|
| 4b | (Code) (Expenses \$ | 63,654 | including grants of \$ | 0) (Revenue \$ | 25,994) |
| SUBSIDIZED HOUSEKEEPING SERVICES WERE PROVIDED ON A SLIDING SCALE, BASED ON INCOME, TO 73 SENIORS THE ASSISTANCE WITH CLEANING AND LAUNDRY HELPS ELDERLY RESIDENTS TO MAINTAIN THEIR APARTMENT AND TO AGE IN PLACE WITH DIGNITY | | | | | |

| | | | | | |
|--|----------------------|--------|------------------------|-----------------|-----|
| 4c | (Code) (Expenses \$ | 29,241 | including grants of \$ | 0) (Revenue \$ | 0) |
| CAC PROVIDES GROCERY GIFT CARDS TO VERY LOW INCOME RESIDENTS (INDIVIDUAL/COUPLE WITH ANNUAL INCOMES OF \$8,328/\$12,372 OR LESS) THE GIFT CARD HELPS RESIDENTS TO PURCHASE PRODUCTS THAT ARE NOT TYPICALLY AVAILABLE THROUGH FOOD PANTRYS OR PURCHASABLE WITH FOOD STAMPS ON AVERAGE, THE PROGRAM AFFORDS 50 COUPLES TO RECEIVE \$21 PER MONTH AND 130 INDIVIDUALS TO RECEIVE \$12 PER MONTH OVER 2000 GROCERY GIFT CARDS ARE DISTRIBUTED ON AN ANNUAL BASIS THROUGH CAC'S PROGRAM | | | | | |

| | | | | |
|------------------------|--------|------------------------|-----------------|-----|
| (Code) (Expenses \$ | 18,056 | including grants of \$ | 0) (Revenue \$ | 0) |
| SOCIAL WORKER SERVICES | | | | |

| | | | | |
|----------------------|-------|------------------------|-----------------|-----|
| (Code) (Expenses \$ | 6,868 | including grants of \$ | 0) (Revenue \$ | 0) |
| LIBRARY PROGRAM | | | | |

| | | | | |
|-----------------------|-----|------------------------|-----------------|-------|
| (Code) (Expenses \$ | 448 | including grants of \$ | 0) (Revenue \$ | 247) |
| MEAL DELIVERY EXPENSE | | | | |

| | | | | |
|----------------------|-----|------------------------|-----------------|-------|
| (Code) (Expenses \$ | 422 | including grants of \$ | 0) (Revenue \$ | 130) |
| TRANSPORTATION | | | | |

| | | | | | | |
|-----------|--|--------------|--------|------------------------|-----------------|-------|
| 4d | Other program services (Describe in Schedule O) | (Expenses \$ | 25,794 | including grants of \$ | 0) (Revenue \$ | 377) |
|-----------|--|--------------|--------|------------------------|-----------------|-------|

| | | | | | |
|-----------|---------------------------------------|----|---------|--|--|
| 4e | Total program service expenses | \$ | 143,191 | | |
|-----------|---------------------------------------|----|---------|--|--|

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> <input checked="" type="checkbox"/> | Yes | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/> | 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> | | 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> | | 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> | | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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> <input checked="" type="checkbox"/> | | 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> <input checked="" type="checkbox"/> | | 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> <input checked="" type="checkbox"/> | | 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> <input checked="" type="checkbox"/> | Yes | |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/> | Yes | |
| 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> <input checked="" type="checkbox"/> | 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> <input checked="" type="checkbox"/> | Yes | |
| 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> <input checked="" type="checkbox"/> | | 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> <input checked="" type="checkbox"/> | Yes | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/> | 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> <input checked="" type="checkbox"/> | | No |
| 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> <input checked="" type="checkbox"/> | 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> <input checked="" type="checkbox"/> | | No |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> | | 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, Part II and IV.</i> | | 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, Part III and IV.</i> | | 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.</i> | | 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> | | 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> | | No |
| 20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> | | No |
| b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements. | | |

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 | | No |
| 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 questions 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 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 | | No |
| 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 | Yes | |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | | No |
| b | 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> | 35b | | 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

Table with columns for question number, question text, sub-questions (1a-14b), and Yes/No columns. Includes questions about Form 1096, W-2G forms, employee reporting, foreign accounts, and charitable trusts.

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 | | |
| 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? | Yes | |
| 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? | Yes | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | No |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | The governing body? | Yes | |
| 8b | Each committee with authority to act on behalf of the governing body? | 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 | | No |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | No |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | No |
| 11b | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | Yes | |
| 12b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | Yes | |
| 15b | Other officers or key employees of the organization | | No |
| | 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? | | No |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 _____
- 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 made 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 made 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
 JOAN DENISON
 8 MILLSTONE CAMPUS
 ST LOUIS, MO 63146
 (314) 432-1610

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

| (A) Name and Title | (B) Average hours per week per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 10,756 | 159,023 | 6,157 | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

| | 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> | | 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> | | 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> | | 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 Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of 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 | 55,000 | | | | |
| | e | Government grants (contributions) 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | 105,254 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ _____ | | | | | |
| | h | Total. Add lines 1a-1f | 160,254 | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | HOMEMAKER PROGRAM FEES | 25,994 | 25,994 | | | |
| | b | PREMIER SERVICES FEES | 1,289 | 1,289 | | | |
| | c | MEAL DELIVERY INCOME | 247 | 247 | | | |
| | d | TRANSPORTATION INCOME | 130 | 130 | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| g | Total. Add lines 2a-2f | 27,660 | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | 20,396 | | | 20,396 | |
| | 4 | Income from investment of tax-exempt bond proceeds | 0 | | | | |
| | 5 | Royalties | 0 | | | | |
| | 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) | 28,191 | | | 28,191 | |
| | 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 | 0 | | | | | |
| 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 | 0 | | | | | |
| 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 | 0 | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | MISCELLANEOUS INCOME | 2,871 | 2,871 | 0 | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | 2,871 | | | | | |
| 12 | Total revenue. See Instructions | 239,372 | 30,531 | 0 | 48,587 | | |

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)

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

| 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 United States See Part IV, line 21 | 0 | | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 14,695 | | 14,695 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 1,383 | | 1,383 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 148 | | 148 | |
| 9 | Other employee benefits | 185 | | 185 | |
| 10 | Payroll taxes | 1,358 | | 1,358 | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 0 | | | |
| b | Legal | 100 | | 100 | |
| c | Accounting | 6,500 | | 6,500 | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other | 0 | | | |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 12,727 | | 12,727 | |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 0 | | | |
| 17 | Travel | 0 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 1,176 | | 1,176 | |
| 23 | Insurance | 506 | | 506 | |
| 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 | HOMEMAKER EXPENSE | 63,654 | 63,654 | | |
| b | FOOD CERTIFICATE EXPENSE | 29,241 | 29,241 | | |
| c | PREMIER SERVICES EXPENSE | 24,502 | 24,502 | | |
| d | SOCIAL SERVICE PROVIDER | 18,056 | 18,056 | | |
| e | | | | | |
| f | All other expenses | 22,309 | 7,738 | 14,571 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 196,540 | 143,191 | 53,349 | 0 |
| 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) | | (B) |
|--|--|-------------------|------------|-------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 100 | 1 | 100 |
| | 2 Savings and temporary cash investments | 378,938 | 2 | 796,036 |
| | 3 Pledges and grants receivable, net | 75,436 | 3 | 55,406 |
| | 4 Accounts receivable, net | 6,117 | 4 | 9,326 |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 0 | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 4,927 | 9 | 4,535 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 14,365 | | |
| | b Less accumulated depreciation | 11,360 | 10c | 3,005 |
| | 11 Investments—publicly traded securities | 867,484 | 11 | 335,808 |
| | 12 Investments—other securities See Part IV, line 11 | 580,768 | 12 | 588,061 |
| | 13 Investments—program-related See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets See Part IV, line 11 | 200,455 | 15 | 200,455 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 2,118,407 | 16 | 1,992,732 | |
| Liabilities | 17 Accounts payable and accrued expenses | 3,822 | 17 | 3,936 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 0 | 19 | 0 |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 822,405 | 21 | 601,301 |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 0 | 25 | 100,000 |
| 26 Total liabilities. Add lines 17 through 25 | 826,227 | 26 | 705,237 | |
| 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 | 971,400 | 27 | 996,907 |
| | 28 Temporarily restricted net assets | 120,355 | 28 | 90,163 |
| | 29 Permanently restricted net assets | 200,425 | 29 | 200,425 |
| | 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 | 1,292,180 | 33 | 1,287,495 | |
| 34 Total liabilities and net assets/fund balances | 2,118,407 | 34 | 1,992,732 | |

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 | 239,372 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 196,540 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 42,832 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,292,180 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -47,517 |
| 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 | 1,287,495 |

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? | | No |
| 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 | | |

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

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
COMMUNITY AGING CORPORATION

Employer identification number

43-1365901

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 **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 IRC 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 294,906 | 19,513 | 111,639 | 126,436 | 160,254 | 712,748 |
| 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 | 294,906 | 19,513 | 111,639 | 126,436 | 160,254 | 712,748 |
| 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 | | | | | | 712,748 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4 | 294,906 | 19,513 | 111,639 | 126,436 | 160,254 | 712,748 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 50,825 | 47,462 | 50,175 | 36,810 | 20,396 | 205,668 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets | 502 | 819 | 1,085 | 623 | 2,871 | 5,900 |
| 11 Total support (Add lines 7 through 10) | | | | | | 924,316 |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | 364,176 |

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 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | 77.111 % |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 | 74.456 % |

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 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 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | |

- 19a 33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

| |
|-------------------------------------|
| Facts And Circumstances Test |
|-------------------------------------|

| |
|--------------------|
| Explanation |
|--------------------|

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY AGING CORPORATION

Employer identification number 43-1365901

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), 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?

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)?

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

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 Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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 | 781,193 | 706,515 | 524,517 | 710,791 | |
| b Contributions | 20,000 | | 72,569 | | |
| c Investment earnings or losses | -12,708 | 74,678 | 109,429 | -186,274 | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 788,485 | 781,193 | 706,515 | 524,517 | |

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

- a** Board designated or quasi-endowment ▶ 68.432 %
- b** Permanent endowment ▶ 25.419 %
- c** Term endowment ▶ 6.149 %

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

| | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |

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

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 property | (a) Cost or other basis (Investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 14,365 | 11,360 | 3,005 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 3,005 |

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

| | | | |
|-----------|---|-----------|---------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 239,372 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 196,540 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 42,832 |
| 4 | Net unrealized gains (losses) on investments | 4 | -47,517 |
| 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 | -47,517 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -4,685 |

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 | 191,855 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | -47,517 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | -47,517 |
| 3 | Subtract line 2e from line 1 | 3 | 239,372 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) | 5 | 239,372 |

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

| | | | |
|----------|--|-----------|---------|
| 1 | Total expenses and losses per audited financial statements | 1 | 196,540 |
| 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 | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 196,540 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18) | 5 | 196,540 |

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 |
|-----------------------|--|---|
| CUSTODIAL ARRANGEMENT | SCHEDULE D, PART IV, LINE 2B | COMMUNITY AGING CORPORATION RECEIVED AND CONTINUES TO HOLD CERTAIN CONTRIBUTIONS THAT HAVE BEEN DESIGNATED BY DONORS FOR USE BY B'NAI B'RITH COVENANT HOUSE, INC , A RELATED ENTITY GRANTS THAT HAVE NOT YET BEEN TRANSFERRED TO B'NAI B'RITH COVENANT HOUSE INC ARE HELD IN THIS ACCOUNT |
| ENDOWMENT FUNDS | FORM 990, SCHEDULE D, PART V, QUESTION 4 | COMMUNITY AGING CORPORATION (CAC) HOLDS CERTAIN ENDOWMENT FUNDS FOR THE BENEFIT OF THE ELDERLY AND DISABLED RESIDENTS OF BUILDINGS OPERATED BY BNAI B'RITH COVENANT HOUSE, INC , COVENANT APARTMENTS II, INC AND COMMUNITY HOUSING ASSOCIATION, INC (ALL RELATED ENTITIES) IN ACCORDANCE WITH THE TERMS OF THESE ENDOWMENTS, INCOME FROM THE SELDIN FAMILY PREMIER SERVICES PROGRAM IS USED FOR HEALTH SERVICES PROGRAMMING, AND INCOME FROM THE COVENANT/CHAI RESIDENT SERVICE ENDOWMENT FUND IS USED FOR PROGRAMS AND SERVICES TO MEET THE PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS OF THE RESIDENTS |

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

2011
Open to Public Inspection

| | |
|---|--|
| Name of the organization COMMUNITY AGING CORPORATION | Employer identification number 43-1365901 |
|---|--|

| Identifier | Return Reference | Explanation |
|--|--|--|
| BOARD OF DIRECTORS AND EXECUTIVE COMMITTEE | FORM 990, PART VI, SECTION A, QUESTION 1 | THE BOARD HAS 15 ACTIVE MEMBERS ALL FORMER PRESIDENTS OF THE ORGANIZATION (KNOWN AS LIFE DIRECTORS) ARE ALSO ENTITLED TO ATTEND ALL BOARD MEETINGS AND VOTE ON MATTERS BEFORE THE BOARD LIFE MEMBERS ARE NOT COUNTED AS PART OF THE QUORUM FOR SUCH MEETINGS THE EXECUTIVE COMMITTEE INCLUDES THE PRESIDENT, BOTH VICE PRESIDENTS, THE TREASURER AND THE SECRETARY, PLUS THE IMMEDIATE PAST PRESIDENT AND THREE OTHER PAST PRESIDENTS ALL ARE MEMBERS OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE MAY MEET TO CONDUCT NECESSARY BUSINESS BETWEEN REGULARLY SCHEDULED BOARD MEETINGS AND HAS THE SAME AUTHORITY AS THE BOARD OF DIRECTORS |
| RELATIONSHIP BETWEEN BOARD MEMBERS | FORM 990, PART VI, SECTION A, QUESTION 2 | LIFE DIRECTOR ROBERT BOHM IS THE SON OF LIFE DIRECTOR LEE BOHM |
| MANAGEMENT SERVICES | FORM 990, PART VI, SECTION A, QUESTION 3 | COMMUNITY HOUSING MANAGEMENT CORPORATION (CHMC) IS A RELATED TAX-EXEMPT ENTITY THAT PROVIDES MANAGEMENT SERVICES FOR COMMUNITY AGING CORPORATION (CAC) CHMC COLLECTS FEES, PAYS BILLS FROM CAC'S SEPARATE ACCOUNT, AND GENERALLY MANAGES OPERATIONS CHMC IS ALSO THE COMMON PAY MASTER FOR ALL EMPLOYEES WHO PROVIDE THESE SERVICES TO CAC AND RELATED ENTITIES |
| REVIEW OF FORM 990 | FORM 990, PART VI, SECTION B, QUESTION 11B | EITHER THE CHIEF OPERATING OFFICER OR ANOTHER BOARD OFFICER REVIEWS THE 990 AND SIGNS IT ON BEHALF OF COMMUNITY AGING CORPORATION THE FULL BOARD IS PROVIDED WITH COPIES OF THE ANNUAL AUDIT REPORT AND FORM 990 FOR REVIEW AT ITS FALL MEETING IN SEPTEMBER |
| CONFLICT OF INTEREST POLICY | FORM 990, PART VI, SECTION B, QUESTION 12C | THE BOARD IS GIVEN THE CONFLICT OF INTEREST POLICY AT THEIR ANNUAL MEETING (USUALLY IN MAY) AND ALL MEMBERS ARE ASKED TO SIGN AN ANNUAL DISCLOSURE FORM IF MEMBERS ARE NOT IN ATTENDANCE OR FORGET TO SIGN THE DOCUMENT, FOLLOW-UP EMAILS ARE SENT, AND THEY ARE ASKED TO SIGN AND FAX BACK THE DISCLOSURE FORM |
| EXECUTIVE COMPENSATION | FORM 990, PART VI, SECTION B, QUESTION 15A | EACH YEAR, THE PRESIDENT AND THE CHAIR (OR CO-CHAIR) OF THE PERSONNEL COMMITTEE MEET TO EVALUATE THE EXECUTIVE DIRECTOR'S PERFORMANCE THE CHAIR (OR A CO-CHAIR) OF THE PERSONNEL COMMITTEE ALSO CONSIDERS WHAT OTHER COMPARABLE ENTITIES DO (IF THERE ARE ANY), AS WELL AS A COMPARISON TO THE INITIAL BASELINE COMPENSATION THE PRESIDENT OR THE CHAIR (OR A CO-CHAIR) OF THE PERSONNEL COMMITTEE POLLS THE EXECUTIVE COMMITTEE FOR COMMENTS ON PERFORMANCE AND COMPENSATION THE PRESIDENT THEN MEETS WITH THE EXECUTIVE DIRECTOR TO DISCUSS PERFORMANCE AND THE COMPENSATION DETERMINED BY THE EXECUTIVE COMMITTEE |
| DOCUMENT REQUESTS | FORM 990, PART VI, SECTION C, QUESTION 19 | DOCUMENTS PROVIDED UPON WRITTEN REQUEST |
| OTHER CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED LOSSES ON INVESTMENTS \$ 47,517 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME JOSH CORSON TITLE DIRECTOR HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME JIM DEUTSCH TITLE DIRECTOR HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME STEVEN GORIN TITLE PRESIDENT HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME DEBBIE IGIELNIK TITLE 2ND VICE PRESIDENT HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME JAY KWESKIN TITLE DIRECTOR HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME LESLEY LEVIN TITLE DIRECTOR HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME HOWARD LOITERSTEIN TITLE IMMEDIATE PAST PRESIDENT HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME SCOTT MALIN TITLE TREASURER HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME BETSY RUBENSTEIN TITLE DIRECTOR HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME SHEILA SHUCART TITLE 1ST VICE PRESIDENT HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME SHULA MITH SIMON TITLE DIRECTOR HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME BARRY SPIEGELGLASS TITLE DIRECTOR HOURS 4 |

| Identifier | Return Reference | Explanation |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME NICOLA STERN TITLE SECRETARY HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME SHERRI WEINTROP TITLE DIRECTOR HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME ALAN WITTE TITLE DIRECTOR HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME HARVEY GERSTEIN TITLE LIFE DIRECTOR, EXEC COMMITTEE HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME BONNIE SOLOMON TITLE LIFE DIRECTOR, EXEC COMMITTEE HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME JOHN BECKER TITLE DIRECTOR (THROUGH 6/30/2011) HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME WILMA GERSTEIN TITLE DIRECTOR (THROUGH 6/30/2011) HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME MYRNA MEYER TITLE DIRECTOR (THROUGH 6/30/2011) HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME STEPHEN ROUFA TITLE DIRECTOR (THROUGH 6/30/2011) HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME EILEEN SCHNEIDERMAN TITLE DIRECTOR (THROUGH 6/30/2011) HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME JUDY SCHWARTZ JAFFE TITLE DIRECTOR (THROUGH 6/30/2011) HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME DONNA SHANFIELD TITLE DIRECTOR (THROUGH 6/30/2011) HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME MARCENE TOCKMAN TITLE DIRECTOR (THROUGH 6/30/2011) HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME DAN WALD TITLE DIRECTOR (THROUGH 6/30/2011) HOURS 4 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME JOAN DENISON TITLE EXECUTIVE DIRECTOR HOURS 48 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME JAMES KERN TITLE CONTROLLER HOURS 40 |
| OTHER EXPENSES | FORM 990 PART IX | DESCRIPTION LIBRARY PROGRAMS EXPENSE TOTAL EXPENSES 6868 PROGRAM SERVICES 6868 |
| OTHER EXPENSES | FORM 990 PART IX | DESCRIPTION MEAL DELIVERY EXPENSE TOTAL EXPENSES 448 PROGRAM SERVICES 448 |
| OTHER EXPENSES | FORM 990 PART IX | DESCRIPTION TRANSPORTATION EXPENSE TOTAL EXPENSES 422 PROGRAM SERVICES 422 |
| OTHER EXPENSES | FORM 990 PART IX | DESCRIPTION GENERAL PROGRAMS EXPENSE TOTAL EXPENSES 14107 MANAGEMENT AND GENERAL 14107 |

| Identifier | Return Reference | Explanation |
|----------------|------------------|---|
| OTHER EXPENSES | FORM 990 PART IX | DESCRIPTION CONTRIBUTIONS TOTAL EXPENSES 464 MANAGEMENT AND GENERAL 464 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY AGING CORPORATION

Employer identification number

43-1365901

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization | |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| (1) COMMUNITY HOUSING ASSOCIATION INC 6 MILLSTONE CAMPUS ST LOUIS, MO 63146 43-1154603 | HOUSING | MO | 501(c)(3) | 9 | NA | | No |
| (2) COMMUNITY HOUSING MANAGEMENT CORPORATION 8 MILLSTONE CAMPUS STE 2000 ST LOUIS, MO 63146 43-1257889 | HOUSING MGMT | MO | 501(c)(3) | 9 | NA | | No |
| (3) B'NAI B'RITH COVENANT HOUSE INC 10 MILLSTONE CAMPUS ST LOUIS, MO 63146 23-7248078 | HOUSING | MO | 501(c)(3) | 9 | NA | | No |
| (4) COVENANT APARTMENTS II INC 8 MILLSTONE CAMPUS ST LOUIS, MO 63146 31-1617841 | HOUSING | MO | 501(c)(3) | 9 | NA | | No |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

| | Yes | No |
|-----------|-----|----|
| 1a | | No |
| 1b | | No |
| 1c | Yes | |
| 1d | | No |
| 1e | | No |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| 1k | Yes | |
| 1l | Yes | |
| 1m | Yes | |
| 1n | Yes | |
| 1o | Yes | |
| 1p | | No |
| 1q | Yes | |
| 1r | | No |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2011**

Additional Data

Software ID:
Software Version:
EIN: 43-1365901
Name: COMMUNITY AGING CORPORATION

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

| |
|--|
| (Code) (Expenses \$ 18,056 including grants of \$ 0) (Revenue \$ 0) |
| SOCIAL WORKER SERVICES |
| (Code) (Expenses \$ 6,868 including grants of \$ 0) (Revenue \$ 0) |
| LIBRARY PROGRAM |
| (Code) (Expenses \$ 448 including grants of \$ 0) (Revenue \$ 247) |
| MEAL DELIVERY EXPENSE |
| (Code) (Expenses \$ 422 including grants of \$ 0) (Revenue \$ 130) |
| TRANSPORTATION |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JOSH CORSON DIRECTOR | 1 0 | X | | | | | | 0 | 0 | 0 |
| JIM DEUTSCH DIRECTOR | 1 0 | X | | | | | | 0 | 0 | 0 |
| STEVEN GORIN PRESIDENT | 1 0 | X | | X | | | | 0 | 0 | 0 |
| DEBBIE IGIELNIK 2ND VICE PRESIDENT | 1 0 | X | | X | | | | 0 | 0 | 0 |
| JAY KWESKIN DIRECTOR | 1 0 | X | | | | | | 0 | 0 | 0 |
| LESLEY LEVIN DIRECTOR | 1 0 | X | | | | | | 0 | 0 | 0 |
| HOWARD LOITERSTEIN IMMEDIATE PAST PRESIDENT | 1 0 | X | | | | | | 0 | 0 | 0 |
| SCOTT MALIN TREASURER | 1 0 | X | | X | | | | 0 | 0 | 0 |
| BETSY RUBENSTEIN DIRECTOR | 1 0 | X | | | | | | 0 | 0 | 0 |
| SHEILA SHUCART 1ST VICE PRESIDENT | 1 0 | X | | X | | | | 0 | 0 | 0 |
| SHULAMITH SIMON DIRECTOR | 1 0 | X | | | | | | 0 | 0 | 0 |
| BARRY SPIEGELGLASS DIRECTOR | 1 0 | X | | | | | | 0 | 0 | 0 |
| NICOLA STERN SECRETARY | 1 0 | X | | X | | | | 0 | 0 | 0 |
| SHERRI WEINTROP DIRECTOR | 1 0 | X | | | | | | 0 | 0 | 0 |
| ALAN WITTE DIRECTOR | 1 0 | X | | | | | | 0 | 0 | 0 |
| LEE BOHM LIFE DIRECTOR | 0 0 | X | | | | | | 0 | 0 | 0 |
| ALYN ESSMAN LIFE DIRECTOR | 0 0 | X | | | | | | 0 | 0 | 0 |
| HARVEY GERSHENSON LIFE DIRECTOR | 0 0 | X | | | | | | 0 | 0 | 0 |
| OSCAR GOLDBERG LIFE DIRECTOR | 0 0 | X | | | | | | 0 | 0 | 0 |
| HARVEY GERSTEIN LIFE DIRECTOR, EXEC COMMITTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| IRWIN HOFFMAN LIFE DIRECTOR | 0 0 | X | | | | | | 0 | 0 | 0 |
| MARK KORITZ LIFE DIRECTOR | 0 0 | X | | | | | | 0 | 0 | 0 |
| MYRNA HERSHMAN LIFE DIRECTOR | 0 0 | X | | | | | | 0 | 0 | 0 |
| ROBERT MEDOW LIFE DIRECTOR | 0 0 | X | | | | | | 0 | 0 | 0 |
| DONALD SHAIKEWITZ LIFE DIRECTOR | 0 0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| BONNIE SOLOMON LIFE DIRECTOR, EXEC COMMITTEE | 1 0 | X | | | | | | 0 | 0 | 0 |
| NEIL TZINBERG LIFE DIRECTOR | 0 0 | X | | | | | | 0 | 0 | 0 |
| ROBERT BOHM LIFE DIRECTOR | 0 0 | X | | | | | | 0 | 0 | 0 |
| JOHN BECKER DIRECTOR (THROUGH 6/30/2011) | 1 0 | X | | | | | | 0 | 0 | 0 |
| WILMA GERSTEIN DIRECTOR (THROUGH 6/30/2011) | 1 0 | X | | | | | | 0 | 0 | 0 |
| MYRNA MEYER DIRECTOR (THROUGH 6/30/2011) | 1 0 | X | | | | | | 0 | 0 | 0 |
| STEPHEN ROUFA DIRECTOR (THROUGH 6/30/2011) | 1 0 | X | | | | | | 0 | 0 | 0 |
| EILEEN SCHNEIDERMAN DIRECTOR (THROUGH 6/30/2011) | 1 0 | X | | | | | | 0 | 0 | 0 |
| JUDY SCHWARTZ JAFFE DIRECTOR (THROUGH 6/30/2011) | 1 0 | X | | | | | | 0 | 0 | 0 |
| DONNA SHANFIELD DIRECTOR (THROUGH 6/30/2011) | 1 0 | X | | | | | | 0 | 0 | 0 |
| MARCENE TOCKMAN DIRECTOR (THROUGH 6/30/2011) | 1 0 | X | | | | | | 0 | 0 | 0 |
| DAN WALD DIRECTOR (THROUGH 6/30/2011) | 1 0 | X | | | | | | 0 | 0 | 0 |
| JOAN DENISON EXECUTIVE DIRECTOR | 7 0 | | | X | | | | 10,756 | 96,808 | |
| JAMES KERN CONTROLLER | 0 0 | | | X | | | | 0 | 62,215 | 6,157 |