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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 04-01-2011 and ending 03-31-2012

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

C Name of organization: TOMPKINS COMMUNITY ACTION INC
 Doing Business As: _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 701 SPENCER ROAD _____
 City or town, state or country, and ZIP + 4: ITHACA, NY 14850

D Employer identification number: 16-0910547
E Telephone number: (607) 273-8816
G Gross receipts \$ 8,342,463

F Name and address of principal officer: SALLY G DULLEA, 701 SPENCER ROAD, ITHACA, NY 14850

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶ _____

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

J Website: WWW.TCACTION.ORG

K Form of organization: Corporation Trust Association Other ▶ _____
L Year of formation: 1966 **M** State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TOMPKINS COMMUNITY ACTION, INC (TCACTION) PARTNERS WITH LOW-INCOME FAMILIES AS THEY DEVELOP TO THEIR FULL POTENTIAL LOCATED IN UPSTATE NEW YORK'S FINGER LAKES REGION, TCACTION SERVED THE COMMUNITY FOR 45 YEARS, IMPLEMENTING PROGRAMS THAT STRIVE TO REDUCE POVERTY		
	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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	187
	6 Total number of volunteers (estimate if necessary)	6	156
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,773,493	7,828,004
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	469,509	443,010
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	983	-11,496
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,893	70,877
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,251,878	8,330,395
	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)	4,765,655	4,899,632
	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)	0	0
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,275,115	3,161,664
19 Revenue less expenses Subtract line 18 from line 12	8,040,770	8,061,296	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	211,108	269,099
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances Subtract line 21 from line 20	4,640,229	6,241,271
		1,724,165	3,056,056
		2,916,064	3,185,215

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: ***** Date: 2012-12-04
 Type or print name and title: SALLY G DULLEA PRESIDENT

Paid Preparer's Use Only

Preparer's signature: RONALD TOSKI CPA Date: _____
 Check if self-employed:
 Preparer's taxpayer identification number (see instructions): P01253472
 Firm's name (or yours if self-employed), address, and ZIP + 4: TOSKI & CO CPAS PC, 300 ESSJAY RD SUITE 115, WILLIAMSVILLE, NY 14221
 EIN: 16-1170608
 Phone no: (716) 634-0700

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TOMPKINS COMMUNITY ACTION, INC (TCACTION) "PARTNERS WITH LOW-INCOME FAMILIES AS THEY DEVELOP TO THEIR FULL POTENTIAL" LOCATED IN UPSTATE NEW YORK FINGER LAKES REGION, TCACTION HAS SERVED THE COMMUNITY FOR 45 YEARS, IMPLEMENTING PROGRAMS THAT STRIVE TO REDUCE POVERTY AND CREATE STABLE SUPPORT SYSTEMS

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 \$ 7,230,020 including grants of \$) (Revenue \$ 443,010)

SEE SCHEDULE OTOMPKINS COMMUNITY ACTION IS A PRIVATE, NOT-FOR PROFIT CHARITABLE ORGANIZATION THAT HAD ITS GRASSROOTS BEGINNINGS IN 1964 ORIGINALLY TOMPKINS COUNTY ECONOMIC OPPORTUNITY CORPORATION OR EOC, AS IT WAS KNOWN UNTIL OUR OFFICIAL CORPORATE NAME CHANGE TO TOMPKINS COMMUNITY ACTION IN 1999, BEGAN AS A LOCAL COALITION OF CONCERNED COMMUNITY MEMBERS WHO WANTED TO IMPROVE THE LIVES OF LOW INCOME FAMILIES IN TOMPKINS COUNTY FORMALLY INCORPORATED IN 1966, THE AGENCY BECAME PART OF A NATIONAL AND STATE NETWORK OF COMMUNITY ACTION AGENCIES FROM A SMALL NOT-FOR-PROFIT HUMAN SERVICE AGENCY, WITH A YEARLY BUDGET OF APPROXIMATELY \$25,000 AND A STAFF OF 3 5 EMPLOYEES IN 1966 OPERATING TWO PROGRAMS, EOC TRANSFORMED ITSELF AND HAS GROWN INTO TOMPKINS COMMUNITY ACTION, A LARGE, MULTI-FACETED COMMUNITY ACTION AGENCY IMPLEMENTING AND INTEGRATING 25 PROGRAMS THAT SERVICE LOW-INCOME INDIVIDUALS, FAMILIES AND COMMUNITY COLLABORATIONS AS ONE OF TOMPKINS COUNTY'S LARGER EMPLOYERS, THE AGENCY CURRENTLY HAS A STAFF OF 120 PEOPLE WHO ASSIST YEARLY APPROXIMATELY 7,000 LOW-INCOME INDIVIDUALS THROUGH A WIDE VARIETY OF PROGRAMMING WE ENTER THIS YEAR WITH RENEWED COMMITMENT TO OUR MISSION, VISION, AND STRATEGIES FOR ENDING CYCLES OF POVERTY IN TOMPKINS COUNTY HEAD START AND EARLY HEAD START PROGRAMS SERVED 346 CHILDREN AND THEIR FAMILIES PROGRAM DELIVERY SUPPORTED PREGNANT WOMEN, NEWBORNS AND CHILDREN UP TO 5 YEARS OLD IN BOTH CLASSROOMS AND FAMILIES' HOMES WITH 13 CLASSROOMS COUNTY WIDE, COLLABORATIONS WITH CHILD CARE PROVIDERS AND THE ITHACA SCHOOL DISTRICT SERVING AS OUR DELEGATE IN 8 PRE-K CLASSROOMS, CHILDREN AND FAMILIES RECEIVE HIGH QUALITY DEVELOPMENTALLY APPROPRIATE EDUCATION, INDIVIDUALIZATION TO ENHANCE LEARNING AND COMMUNITY RESOURCES TO PREPARE OUR CHILDREN FOR A LIFETIME OF LEARNING IMPLEMENTING HIGH SCOPE CURRICULUM, PROGRAMMING FOCUSES ON THE FIVE DOMAINS IDENTIFIED TO MEET SCHOOL READINESS GOALS CHILDREN'S MATH AND SCIENCE SKILLS INCREASED BY 68% AND LANGUAGE LITERACY SKILLS BY 59% THIS PROGRAM YEAR CHILD SOCIAL RELATIONS SKILLS INCREASED BY 61% AND REPRESENT A STRONG INDICATOR FOR SCHOOL READINESS AND TRANSITION SUCCESS FAMILY SERVICES INCLUDED MONTHLY SOCIALIZATION ACTIVITIES, PARENT ACTION GROUPS, TRAININGS, SECONDARY EDUCATION OPPORTUNITIES AND SEMINARS THROUGHOUT THE YEAR WE SERVED 64,000 BREAKFASTS, LUNCHESES AND SNACKS TO CHILDREN AND FAMILIES THIS YEAR AND EXPANDED PROGRAM ACTIVITIES LINKING ACTIVE MOVEMENT TO HEALTHY NUTRITION THE FAMILY HOME LIBRARY PROVIDED 2,769 BOOKS AND ACTIVITIES TO FAMILIES FUNDED THROUGH THE PARK FOUNDATION AND THE FAMILY READING PARTNERSHIP, ROTARY CLUB DONATIONS PROVIDED AN ADDITIONAL 1,674 BOOKS PROGRAM FUNDING FROM THE US DEPARTMENT OF HEALTH & HUMAN SERVICES TOTALED \$3,390,346 FUNDING FOR PROGRAMMING (\$2,266,358 WAGES AND FRINGE BENEFITS, \$685,981 OPERATIONS, \$285,178 CONTRACTED SERVICES, \$97,198 CONSUMABLES) AN ADDITIONAL \$55,631 OF FUNDING SUPPORTED AND EXPANDED STAFF AND PARENT EDUCATION AND TRAINING OUR PRIMARY SCHOOL SUPPORT PROGRAM WORKED CLOSELY WITH PARENTS AND SCHOOL OFFICIALS TO STRENGTHEN COLLABORATIVE EFFORTS ON BEHALF OF CHILDREN TRANSITIONING TO KINDERGARTEN IN ELEMENTARY SCHOOLS ADVOCATES PROVIDED SUPPORT FOR FAMILIES AT PARENT/TEACHER CONFERENCES, COORDINATED SERVICE DELIVERY FOR CHILDREN WITH SPECIAL NEEDS AND SUPPORTED POSITIVE COMMUNICATION BETWEEN FAMILIES AND SCHOOL SYSTEM STAFF THE EMERGENCY FOOD PANTRY WAS VISITED 1,791 TIMES AND PROVIDED HOUSEHOLDS WITH NUTRITIOUS FOOD, PERSONAL HYGIENE PRODUCTS AND HOUSEHOLD SUPPLIES OUR VICTORY GARDEN INITIATIVE PROVIDED OVER 6,100 PLANTS TO LOW INCOME HOUSEHOLDS OUR JOBSBUILD PROGRAM BENEFITED FROM PRIVATE FUNDING AND CONTINUED TO SERVE YOUNG ADULTS, 18 TO 24 YEARS OF AGE WITH BARRIERS TO EMPLOYMENT INTEGRATING YOUNG ADULTS INTO OUR HEAD START CLASSROOMS AND ENERGY SERVICES PROGRAMS, PARTICIPANTS RECEIVED FIELD TRAINING, EXPERIENCE AND NEEDED WORKFORCE CREDENTIALING THE FAMILY DEVELOPMENT ROUNDTABLE BRINGS FAMILY SERVICE STAFF FROM ALL AGENCY DEPARTMENTS TOGETHER TO TRAIN, SHARE BEST PRACTICES AND SUPPORT COMPREHENSIVE SERVICE DELIVERY TO FAMILIES IN 2011, WE PROVIDED HOUSING CHOICE VOUCHER PROGRAM RENTAL ASSISTANCE TO OVER 1,000 HOUSEHOLDS AS THE LOCAL ADMINISTRATOR FOR NYS HOMES AND COMMUNITY RENEWAL THE TOTAL ANNUAL SUBSIDY PAID OUT TO LANDLORDS WAS \$7,204,372 137 INDIVIDUALS PARTICIPATED IN OUR FAMILY SELF SUFFICIENCY (FSS) PROGRAM, WITH 75 PEOPLE EARNING ESCROW MONIES DUE TO AN INCREASE IN EARNED INCOME AS OF MARCH 2012, \$92,590 OF ESCROW MONIES WERE DISBURSED TO GRADUATING PARTICIPANTS TWO FAMILIES PURCHASED HOMES AS PART OF THE HOME OWNERSHIP PROGRAM AS A PARTNER OF THE HOUSING FIRST OF TOMPKINS COUNTY PROGRAM, TCACTION PROVIDED SERVICES TO 125 HOUSEHOLDS RECEIVING RENTAL ASSISTANCE THE ARRA GRANT FUNDING ENDED IN 2011 AND THE COLLABORATION WAS SUCCESSFUL IN RECEIVING ADDITIONAL FUNDS TO CONTINUE THESE SERVICES TCACTION ASSISTED 9 ELDERLY AND/OR DISABLED INDIVIDUALS TRANSITION OUT OF OR AVOID ENTERING A NURSING HOME WITH RENTAL SUBSIDIES UNDER THE NURSING HOME TRANSITION AND DIVERSION PROGRAM CHARTWELL HOUSE PROVIDED AFFORDABLE AND SAFE PERMANENT HOUSING FOR 18 PREVIOUSLY HOMELESS MEN IN RECOVERY RESIDENTS CONCENTRATE ON HOUSING STABILITY, BUILDING LIFE SKILLS, MAINTAINING EMPLOYMENT AND FURTHERING EDUCATION OUR SUPPORTIVE HOUSING FOR FAMILIES PROGRAM ASSISTED 22 YOUNG, HOMELESS, PREGNANT OR PARENTING FAMILIES IN ACHIEVING SAFE AND STABLE AFFORDABLE HOUSING, WITH A FOCUS ON EDUCATION/GED ATTAINMENT, JOB PREPARATION AND PARENTING SKILLS MAGNOLIA HOUSE IS UNDER CONSTRUCTION WITH AN EXPECTED COMPLETION DATE END OF 2012 OUR BUILDING PERFORMANCE INSTITUTE (TRADEMARKED) CERTIFIED TECHNICIANS PERFORMED ENERGY AUDITS, EFFICIENCY UPDATES AND RESIDENT EDUCATION ABOUT LOW AND NO COST WAYS TO SAVE ENERGY THIS YEAR, 148 LOW INCOME HOUSEHOLDS BENEFITED FROM OUR WEATHERIZATION ASSISTANCE PROGRAM WE WERE AWARDED A PILOT GRANT FROM THE DEPARTMENT OF ENERGY, SUSTAINABLE ENERGY RESOURCES FOR CONSUMERS, AND SUCCESSFULLY INCORPORATED RENEWABLE TECHNOLOGY INTO AREA GROUP HOMES AND AFFORDABLE RENTAL UNITS OPERATED BY FRANZISKA RACKER CENTERS, UNITY HOUSE, AND BETTER HOUSING FOR TOMPKINS COUNTY 14 FAMILIES MADE ENERGY IMPROVEMENTS THROUGH ASSISTED HOME PERFORMANCE WITH ENERGY STAR, WHICH PROVIDES INCOME-ELIGIBLE HOUSEHOLDS A 50% SUBSIDY FOR EFFICIENCY UPGRADES THROUGH NY STATE'S NEW PROGRAM, GREEN JOBS GREEN NEW YORK, 45 MORE FAMILIES AT ALL INCOME LEVELS TRUSTED TCACTION STAFF TO COMPLETE THEIR HOME ENERGY ASSESSMENTS, ABOUT 30% WENT ON TO HAVE WORK COMPLETED IN THEIR HOMES COLLABORATIONS WITH BETTER HOUSING FOR TOMPKINS COUNTY CONTINUED AS 17 FIRST TIME HOMEBUYER OR HOUSING REHAB PROGRAM CONSUMERS RECEIVED AUDITS TO EVALUATE ENERGY SAVING OPPORTUNITIES AND/OR ENERGY UPGRADES THIS YEAR 66 LOW-INCOME HOUSEHOLDS RECEIVED COST-EFFECTIVE ELECTRIC REDUCTION MEASURES THROUGH EMPOWER NEW YORK LAST SUMMER WE SERVED 94 HOUSEHOLDS ACROSS SIX COUNTIES THROUGH THE EMERGENCY COOLING PROGRAM, KEEPING IT SAFE TO BREATHER FOR THOSE WITH MEDICAL NEEDS FOR AIR CONDITIONERS THE HOME ENERGY ASSISTANCE PROGRAM (HEAP) PROCESSED 680 APPLICATIONS FOR FUEL ASSISTANCE IN 2011-12

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 7,230,020

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"/>		No
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"/>		No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <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"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <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"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
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"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <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		No
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, and Yes/No columns. Includes sub-questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
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?	Yes	
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	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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 NY
- 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
 HARRIET GIANNELIS
 6 WHISPERING PINES DRIVE
 ITHACA, NY 14850
 (607) 273-8816

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 or former officer, director, or trustee

(A) Name and Title	(B) Average hours 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			
(1) KATHY LUZ HERRERA DIRECTOR	1 00	X						0	0	0
(2) SOPHIA DARLING DIRECTOR	1 00	X						0	0	0
(3) GWEN WILKINSON DIRECTOR	1 00	X						0	0	0
(4) LESLIE CONNORS DIRECTOR	1 00	X						0	0	0
(5) JIM CHURCH DIRECTOR	1 00	X						0	0	0
(6) REBECCA ELLIOT DIRECTOR	1 00	X						0	0	0
(7) DONNA JEWETT SECRETARY	2 00	X		X				0	0	0
(8) TOMMY MILLER DIRECTOR	1 00	X						0	0	0
(9) SALLY G DULLEA PRESIDENT	2 00	X		X				0	0	0
(10) JOANNE POWERS VICE PRESIDENT	2 00	X		X				0	0	0
(11) RAY SCHLATHER DIRECTOR	1 00	X						0	0	0
(12) KATHY ZAHLER DIRECTOR	1 00	X						0	0	0
(13) LEONARDO VARGAS-MENDEZ TREASURER	2 00	X		X				0	0	0
(14) HARRIET GIANNELIS FINANCE DIRECTOR	35 00			X				64,890	0	1,108
(15) LEE DILLON EXECUTIVE DIRECTOR	35 00			X				86,375	0	6,570

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	7,780,331				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	47,673				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶	7,828,004				
Program Service Revenue			Business Code				
	2a	RENTAL INCOME _____	531110	427,903	427,903		
	b	CHILD CARE _____	624410	15,107	15,107		
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶	443,010					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		572		572	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a		(i) Real	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a		(i) Securities	(ii) Other			
	b	Less cost or other basis and sales expenses		12,068			
c	Gain or (loss)		-12,068				
d	Net gain or (loss) ▶		-12,068		-12,068		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
b	Less direct expenses b						
c	Net income or (loss) from fundraising events ▶						
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue	Business Code				
11a	MISCELLANEOUS _____	900099	70,877			70,877	
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶		70,877				
12	Total revenue. See Instructions ▶		8,330,395	443,010	0	59,381	

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				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	158,943		158,943	
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	3,553,057	3,218,878	334,179	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	904,251	796,935	107,316	
10	Payroll taxes	283,381	247,647	35,734	
11	Fees for services (non-employees)				
a	Management				
b	Legal	25,805	5,142	20,663	
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	531,111	525,478	5,633	
12	Advertising and promotion				
13	Office expenses	65,340	55,759	9,581	
14	Information technology				
15	Royalties				
16	Occupancy	295,864	238,776	57,088	
17	Travel	63,274	58,011	5,263	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	76,782	64,727	12,055	
20	Interest	49,666	49,666		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	311,164	311,164		
23	Insurance	48,054	28,236	19,818	
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	MATERIALS	674,558	674,558		
b	PROGRAM EXPENSES	319,985	319,985		
c	MAINTENANCE AND REPAIRS	174,780	171,750	3,030	
d	FOOD	137,556	132,731	4,825	
e					
f	All other expenses	387,725	330,577	57,148	
25	Total functional expenses. Add lines 1 through 24f	8,061,296	7,230,020	831,276	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	421,187	1	23,505
	2 Savings and temporary cash investments	21,428	2	163,122
	3 Pledges and grants receivable, net	684,590	3	682,360
	4 Accounts receivable, net	717	4	14,825
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	8,507	8	7,725
	9 Prepaid expenses and deferred charges	48,129	9	48,129
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	7,251,460		
	b Less accumulated depreciation	1,974,867	10c	5,276,593
	11 Investments—publicly traded securities	24,388	11	25,012
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,640,229	16	6,241,271	
Liabilities	17 Accounts payable and accrued expenses	299,627	17	458,653
	18 Grants payable		18	
	19 Deferred revenue	427,701	19	596,817
	20 Tax-exempt bond liabilities	717,536	20	651,566
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	279,301	23	1,349,020
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 Total liabilities. Add lines 17 through 25	1,724,165	26	3,056,056
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	2,916,064	27	3,185,215
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	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	2,916,064	33	3,185,215	
34 Total liabilities and net assets/fund balances	4,640,229	34	6,241,271	

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	8,330,395
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,061,296
3	Revenue less expenses Subtract line 2 from line 1	3	269,099
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,916,064
5	Other changes in net assets or fund balances (explain in Schedule O)	5	52
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	3,185,215

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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

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
TOMPKINS COMMUNITY ACTION INC

Employer identification number

16-0910547

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.")	4,671,119	5,276,683	6,589,139	7,773,493	7,828,004	32,138,438
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	4,671,119	5,276,683	6,589,139	7,773,493	7,828,004	32,138,438
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						32,138,438

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	4,671,119	5,276,683	6,589,139	7,773,493	7,828,004	32,138,438
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,695	8,355	1,771	983	572	23,376
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	96,249		12,083	10,415	70,877	189,624
11 Total support (Add lines 7 through 10)						32,351,438
12 Gross receipts from related activities, etc. (See instructions)					12	1,775,791

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	99.340%
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99.100%

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 TOMPKINS COMMUNITY ACTION INC

Employer identification number 16-0910547

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	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

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

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

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
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		5,853,929	1,432,748	4,421,181
c Leasehold improvements				
d Equipment		859,347	542,119	317,228
e Other		538,184		538,184
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				5,276,593

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	8,330,395
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,061,296
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	269,099
4	Net unrealized gains (losses) on investments	4	52
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	52
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	269,151

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	9,153,905
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	52
b	Donated services and use of facilities	2b	811,390
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	811,442
3	Subtract line 2e from line 1	3	8,342,463
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	-12,068
c	Add lines 4a and 4b	4c	-12,068
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	8,330,395

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

1	Total expenses and losses per audited financial statements	1	8,884,754
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	811,390
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	12,068
e	Add lines 2a through 2d	2e	823,458
3	Subtract line 2e from line 1	3	8,061,296
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	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	8,061,296

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE AGENCY IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS THE AGENCY HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE THE AGENCY PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAXES MANAGEMENT HAS CONCLUDED THAT THE AGENCY HAS NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT IN ITS FINANCIAL STATEMENTS U S FORMS 990 FILED BY THE AGENCY ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES THE AGENCY IS NO LONGER SUBJECT TO TAX EXAMINATION FOR THE YEAR ENDED MARCH 31, 2008 AND PRIOR
PART XII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON DISPOSAL -12,068
PART XIII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON DISPOSAL 12,068

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
TOMPKINS COMMUNITY ACTION INC

Employer identification number

16-0910547

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	LINE 11A EXPLANATION - FORM 990 IS PROVIDED TO THE GOVERNING BODY 30 DAYS PRIOR TO THE NEXT BOARD MEETING, AT WHICH THE AUDITOR MAKES A PRESENTATION AND ANSWERS QUESTIONS PRIOR TO VOTING TO APPROVE THE FORM
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY IS REVIEWED AT ALL BOARD MEETINGS AND STAFF PROFESSIONAL DEVELOPMENT DAYS
	FORM 990, PART VI, SECTION B, LINE 15	THE TOMPKINS COUNTY HUMAN SERVICES COALITION COMPENSATION SURVEY IS REVIEWED ANNUALLY, AND USED TO UPDATE AGENCY SALARY SCALE AND JOBS "FAMILIES", SUBJECT TO BOARD AND PERSONNEL COMMITTEE REVIEW
	FORM 990, PART VI, SECTION C, LINE 19	DISTRIBUTED UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 52
	FORM 990 PART XII LINE 2C	NO CHANGES HAVE TAKEN PLACE DURING THE FISCAL YEAR ENDED MARCH 31, 2012

Additional Data

Software ID:

Software Version:

EIN: 16-0910547

Name: TOMPKINS COMMUNITY ACTION INC

Form 990, Special Condition Description:

Special Condition Description