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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 07-01-2011 and ending 06-30-2012

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

C Name of organization
COMMUNITY ACTION OPPORTUNITIES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
25 GASTON STREET

City or town, state or country, and ZIP + 4
ASHEVILLE, NC 28801

D Employer identification number
56-0817672

E Telephone number
(828) 252-2495

G Gross receipts $ 10,087,972

F Name and address of principal officer
EDWARD R SCHELL
25 GASTON STREET
ASHEVILLE, NC 28801

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 COMMUNITYACTIONOPPORTUNITIES ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1964

M State of legal domicile NC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO HELP PEOPLE WHO LIVE ON LIMITED INCOMES TRANSFORM THEIR LIVES OUR DEDICATED, DIVERSE AND EXCEPTIONAL STAFF AND LEADERSHIP DELIVER COMPREHENSIVE, HIGH QUALITY SERVICES, BUILD AND SUPPORT STRONG PARTNERSHIPS, AND MOBILIZE COMMUNITY ACTION TO CREATE POSITIVE CHANGE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	179
6	Total number of volunteers (estimate if necessary)	6	1,084
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

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,024,741	8,987,749
	9	Program service revenue (Part VIII, line 2g)	1,089,648	1,096,228
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	694	3,995
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	312,381	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,427,464	10,087,972
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	180,914	430,365
	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)	6,487,090	6,391,725
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,800,506	3,338,766
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,468,510	10,160,856
	19	Revenue less expenses Subtract line 18 from line 12	-41,046	-72,884

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,501,887	2,808,727
	21	Total liabilities (Part X, line 26)	1,231,304	1,611,028
	22	Net assets or fund balances Subtract line 21 from line 20	1,270,583	1,197,699

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

****** | 2013-02-21
Signature of officer | Date

EDWARD R SCHELL CHAIRMAN
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ KATHRYN M ATKINSON	Date 2013-02-21	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00930007
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ JOHNSON PRICE SPRINKLE PA 361 NORTH MAIN ST MARION, NC 28752			EIN ▶ 56-1169449 Phone no ▶ (828) 652-7044

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

TO HELP PEOPLE WHO LIVE ON LIMITED INCOMES TRANSFORM THEIR LIVES OUR DEDICATED, DIVERSE AND EXCEPTIONAL STAFF AND LEADERSHIP DELIVER COMPREHENSIVE, HIGH QUALITY SERVICES, BUILD AND SUPPORT STRONG PARTNERSHIPS, AND MOBILIZE COMMUNITY ACTION TO CREATE POSITIVE CHANGE

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 $ 5,196,205 including grants of $ 796) (Revenue $ 856,445)

HEAD START ACHIEVEMENT - HEAD START IS A COMPREHENSIVE CHILD AND FAMILY DEVELOPMENT PROGRAM FOR FAMILIES WITH LIMITED INCOMES WHO HAVE CHILDREN AGES THREE TO FIVE YEARS OLD FOCUSED ON THE PHYSICAL, EDUCATIONAL, SOCIAL AND EMOTIONAL GROWTH OF CHILDREN, HEAD START ALSO HELPS PARENTS ASSESS AND MEET THEIR FAMILY'S SHORT-AND LONG-TERM NEEDS EXPERIENCED CLASSROOM TEACHERS PLAN, ASSESS AND RECORD EACH CHILD'S PROGRESS AND SHARE THAT INFORMATION WITH PARENTS CHILDREN LEAVE HEAD START PREPARED FOR SCHOOL AND LIFE HEAD START WELCOMES FAMILIES FROM ALL RACIAL, RELIGIOUS AND CULTURAL GROUPS, INCLUDING THOSE WHO SPEAK LITTLE OR NO ENGLISH OR WHO HAVE CHILDREN WITH DISABILITIES THE FOLLOWING ACTIVITIES WERE ACCOMPLISHED - COMMUNITY ACTION OPPORTUNITIES PROVIDED HIGH QUALITY HEAD START SERVICES TO 610 CHILDREN AND THEIR FAMILIES FOR A 180 DAY SCHOOL YEAR THROUGHOUT THE YEAR, HEAD START MAINTAINED OVER 100% OF ITS 552 FUNDED HEAD START ENROLLMENT, AND, PROVIDED 192,855 NUTRITIOUS BREAKFASTS, LUNCHES, AND SNACKS TO ENROLLED CHILDREN THE OBJECTIVE OF HEAD START IS FOR CHILDREN TO LEAVE PREPARED FOR SCHOOL AND LIFE BY INCREASING THE SOCIAL COMPETENCE THROUGH FOCUSING ON SOCIAL, EMOTIONAL, COGNITIVE, AND PHYSICAL DEVELOPMENT

4b (Code) (Expenses $ 351,059 including grants of $ 24,506) (Revenue $ 120)

COMMUNITY SERVICES BLOCK GRANT (STANDARD LIFE WORKS PROGRAM) ACHIEVEMENT - LIFE WORKS PROVIDES HELP TO ADULTS WHO HAVE A LIMITED INCOME AND ARE READY TO MAKE THE HARD CHANGES NECESSARY TO IMPROVE THEIR LIVES WITH THE SUPPORT AND RESOURCES OFFERED BY THE PROGRAM'S LIFE COACHES, CUSTOMERS REACH SPECIFIC GOALS WITHIN ONE TO THREE YEARS-WHETHER IT'S FINDING AND KEEPING A BETTER JOB, ENROLLING IN AND GRADUATING FROM SCHOOL OR VOCATIONAL TRAINING, OBTAINING SAFE AND AFFORDABLE HOUSING OR BUILDING PERSONAL AND ECONOMIC STRENGTH TO STABILIZE THEIR FAMILIES TO PROVIDE SOME LEVEL OF COMPREHENSIVE SERVICES TO 95 LOW-INCOME FAMILIES BY JUNE 30, 2012 WITH 100 FAMILIES ACTUALLY ENROLLED OVER A THREE YEAR PERIOD (JULY 2011 - JUNE 2014), PROVIDE FAMILIES INTENSIVE CASE MANAGEMENT SERVICES AND OTHER SUPPORTS THAT WILL ENABLE 60 LOW-INCOME FAMILIES TO OVERCOME OBSTACLES THAT PREVENT SELF-SUFFICIENCY

4c (Code) (Expenses $ 2,749,459 including grants of $) (Revenue $ 20,544)

WEATHERIZATION SERVICES PROGRAM (STANDARD PROGRAM) ACHIEVEMENT - MAKING HOMES SAFE, HEALTHY AND MORE ENERGY-EFFICIENT IS THE FOCUS OF THE WEATHERIZATION ASSISTANCE PROGRAM USING A "WHOLE HOUSE" APPROACH, WE INSTALL INSULATION UNDER FLOORS, IN ATTICS AND WALLS, SEAL AIR LEAKS AND REPAIR MINOR HOLES IN FLOORS, WALLS AND CEILINGS WE ALSO TEST AND INSTALL SMOKE ALARMS AND CARBON MONOXIDE DETECTORS, REPLACE INCANDESCENT BULBS WITH ENERGY-EFFICIENT COMPACT FLUORESCENTS, REPAIR FAULTY HEATING AND COOLING SYSTEMS AND SHARE HOME ENERGY COST-SAVING IDEAS WITH CUSTOMERS PROGRAM OBJECTIVE TO WEATHERIZE, IN ACCORDANCE WITH STATE REQUIREMENTS, 33 HOMES OF LOW-INCOME FAMILIES IN BUNCOMBE, MADISON, HENDERSON, AND TRANSYLVANIA COUNTIES BY JUNE 30, 2012 IN ORDER TO MAKE HOMES SAFE AND MORE ENERGY EFFICIENT THE FOLLOWING ACTIVITIES WERE ACCOMPLISHED - AS OF 6/30/2012, 40 HOMES WERE WEATHERIZED WITH HEALTH AND SAFETY MEASURES INSTALLED, AIR LEAKS SEALED, ATTICS INSULATED, WALL INSULATION INSTALLED HEAT WASTE REDUCTION MEASURES INSTALLED, WATER HEATER REPAIRED/REPLACED, WATER HEATER INSULATED, CFLS INSTALLED, HEATING SYSTEMS REPAIRED OR REPLACED AND INCIDENTAL REPAIRS TO PROTECT WEATHERIZATION MEASURES INSTALLED ARRA PROGRAM OBJECTIVE TO WEATHERIZE, IN ACCORDANCE WITH STATE REQUIREMENTS, A MINIMUM OF 791 HOMES OF LOW-INCOME FAMILIES IN BUNCOMBE, MADISON, HENDERSON, AND TRANSYLVANIA COUNTIES BY APRIL 30, 2013 IN ORDER TO MAKE HOMES SAFE AND MORE ENERGY EFFICIENT THE FOLLOWING ACTIVITIES WERE ACCOMPLISHED - AS OF 6/30/2012 571 HOMES HAVE BEEN WEATHERIZED WITH HEALTH AND SAFETY MEASURES INSTALLED, AIR LEAKS SEALED, ATTICS, WALLS AND FLOORS INSULATED, INSULATION REPAIRED, DUCTS SEALED AND INSULATED, VAPOR BARRIERS INSTALLED, HEAT WASTE MEASURES INSTALLED, WATER HEATERS REPAIRED OR REPLACED, WATER HEATERS INSULATED, CFLS INSTALLED, HEATING SYSTEMS REPAIRED/REPLACED ETC

(Code) (Expenses $ 968,069 including grants of $ 405,063) (Revenue $ 219,119)

OTHER PROGRAMS CHILD AND ADULT CARE FOOD CHILD AND ADULT CARE FOOD PROGRAM PLAYS A VITAL ROLE IN IMPROVING THE QUALITY OF DAY CARE AND MAKING IT MORE AFFORDABLE FOR MANY LOW-INCOME FAMILIES CACFP HELPS TO ENSURE THAT ALL ELIGIBLE CHILDREN AND ADULTS WHO ATTEND OUR QUALIFYING CHILD CARE FACILITIES RECEIVE NUTRITIOUS MEALS THAT MEET OR EXCEED CACFP GUIDELINES DURING THE YEAR DURING THE PROGRAM YEAR, CHILDREN IN THE HEAD START PROGRAM WILL BE ENROLLED IN THE CACFP PROGRAM CHILDREN WILL BE PROVIDED NUTRITIONAL MEALS THAT MEET 2/3 OF THE DAILY NUTRITIONAL REQUIREMENT FAMILIES AND STAFF WILL PARTICIPATE IN THE HEAD START PROGRAM WITH EDUCATIONAL SUPPORT ABOUT NUTRITION 610 CHILDREN WERE PROVIDED REGULAR, NUTRITIOUS MEALS THAT MET 2/3 OF THE DAILY NUTRITIONAL REQUIREMENT THE FOLLOWING ACTIVITIES WERE ACCOMPLISHED - (A) 580 CHILDREN WERE TARGETED AND RECEIVED NUTRITION AND HEALTH-RELATED ASSESSMENT AND FOLLOW-UP, (B) 581 FAMILIES PARTICIPATED IN AND RECEIVED HEALTH EDUCATION REGARDING NUTRITION, (C) 742 CACFP PROGRAM PARTICIPANTS WERE OFFERED WEEKLY OPPORTUNITIES TO PARTICIPATE IN LESSON PLANS REGARDING NUTRITION, (D) 192,855 MEALS THAT MEET THE 2/3 DAILY NUTRITIONAL REQUIREMENT WERE SERVED (E) 81 STAFF MEMBERS RECEIVED TRAINING AND EDUCATION ABOUT CACFP NUTRITION GUIDELINES 21ST CENTURY PARENTING BEING A PARENT IS A CRITICAL AND OFTEN DIFFICULT JOB IT CAN BE EVEN HARDER FOR FAMILIES WHO LIVE ON LOW INCOME THAT IS WHY WE OFFER "21ST CENTURY PARENTING" TO PARENTS SINGLE, COUPLES, ADOPTIVE, FOSTER, ETC WHO WANT TO RAISE THEIR CHILDREN IN A NURTURING RELATIONSHIP RESEARCH INDICATES THAT FAMILIES WITH THESE DYNAMICS ARE MORE LIKELY TO BE PRODUCTIVE, COOPERATIVE AND RESPECTFUL, AND LESS LIKELY TO EXPERIENCE SUBSTANCE ABUSE, DEPRESSION AND VIOLENCE OUR EVIDENCE-BASED COURSE MATERIAL, DEVELOPED BY EXPERTS IN HEALTHY PARENT-CHILD RELATIONSHIPS, OFFERS FAMILIES NEW AND POSITIVE WAYS TO INTERACT FOR THE FISCAL YEAR ENDING JUNE 30, 2012 WE OFFERED THREE 12-WEEK CLASSES A TOTAL OF 27 PARTICIPANTS COMPLETED THE SERIES NORTH CAROLINA FAMILY DEVELOPMENT CREDENTIAL THE AGENCY SPONSORED TWO STATE WIDE CLASSES FOR PEOPLE WHO WORK IN A VARIETY OF FRONT-LINE JOBS WITH FAMILIES THE STATE-WIDE PROGRAM USES CURRICULA DEVELOPED BY CORNELL UNIVERSITY'S EMPOWERING FAMILIES PROJECT AND CREDENTIALED BY DUKE UNIVERSITY OFFICE OF CONTINUING STUDIES THE AGENCY ALSO ISSUED 17 LEADER CREDENTIALS TO MANAGERS FROM ACROSS WNC USING A STRATEGY GRANT FROM THE WNC COMMUNITY FOUNDATION THAT WAS RECEIVED DURING 2010 THE LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) IS A FEDERALLY FUNDED PROGRAM THAT PROVIDES FOR A ONE-TIME VENDOR PAYMENT TO HELP ELIGIBLE HOUSEHOLDS PAY THEIR HEATING BILLS COMMUNITY ACTION OPPORTUNITIES CONTRACTED WITH THE BUNCOMBE COUNTY DEPARTMENT OF SOCIAL SERVICES TO ADMINISTER THE LOW INCOME ENERGY ASSISTANCE PROGRAM TO RESIDENTS OF BUNCOMBE COUNTY BEGINNING IN DECEMBER 2011, AND ENDING IN MAY 2012, 1764 APPLICATIONS WERE PROCESSED, WITH 1638 HOUSEHOLDS BEING APPROVED TO RECEIVE A ONE-TIME ENERGY ASSISTANCE PAYMENT TO AID IN THE COST OF HEATING THEIR HOME BUNCOMBE DEPARTMENT OF SOCIAL SERVICES ISSUED THE FUNDS TO COVER THE ONE-TIME PAYMENT PAYMENT AMOUNTS WERE SET BY THE STATE OF NORTH CAROLINA AND BUNCOMBE COUNTY DEPARTMENT OF SOCIAL SERVICES BASED ON THE ENERGY SOURCE USED

4d Other program services (Describe in Schedule O)

(Expenses $ 968,069 including grants of $ 405,063) (Revenue $ 219,119)

4e **Total program service expenses** ▶$ 9,264,792

Part IV Checklist of Required Schedules

		Line	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		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	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	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? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	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? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	41			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	179			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the aggregate amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			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	1a 18			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		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?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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?	16b		

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 ▶

DARREN WAUGH
25 GASTON STREET
ASHEVILLE, NC 28801
(828) 252-2495

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) EDWARD R SCHELL CHAIRMAN	1 00	X		X				0	0	0
(2) LINDA BROWN FIRST VICE-CHAIR	1 00	X		X				0	0	0
(3) MAX HANER SECOND VICE-CHAIR	1 00	X		X				0	0	0
(4) CLARA JETER SECRETARY	1 00	X		X				0	0	0
(5) WILLIE MAE BROWN BOARD MEMBER	50	X						0	0	0
(6) MICHELLE MEASE BOARD MEMBER	50	X						0	0	0
(7) JERRY PLEMMONS BOARD MEMBER	50	X						0	0	0
(8) EDGAR BRYANT BOARD MEMBER	50	X						0	0	0
(9) NANCI FARMER BOARD MEMBER	50	X						0	0	0
(10) BILL N CLARK BOARD MEMBER	50	X						0	0	0
(11) CATHY CODY BOARD MEMBER	50	X						0	0	0
(12) JANE HATLEY BOARD MEMBER	50	X						0	0	0
(13) ELIZABETH RUSSELL BOARD MEMBER	50	X						0	0	0
(14) HYLLARI MCRORIE BOARD MEMBER	50	X						0	0	0
(15) THERESA BARNETTE BOARD MEMBER	50	X						0	0	0
(16) ZIA RIFKIN BOARD MEMBER	50	X						0	0	0
(17) SARAH THORNBURG BOARD MEMBER	50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) ANN VON BROCK BOARD MEMBER	50	X						0	0	0
(19) VICKI S HEIDINGER EXECUTIVE DIRECTOR	40 00			X				149,678	0	18,374
(20) ETHRAGE WARTERS FINANCE DIRECTOR	40 00			X				88,212	0	14,617

		(D)	(E)	(F)
1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	237,890	0	32,991

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 ▶1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
HIGHTOWER CONSTRUCTION INC 446 OLD MARSHALL HWY ASHEVILLE, NC 28804	SUBCONTRACTOR WEATHERIZATION	277,888
LOOMIS COMPANY PO BOX 14132 READING, PA 19612	TPA - HEALTH INSURANCE	264,416
LOWE'S BUSINESS ACCOUNT PO BOX 530970 ATLANTA, GA 30353	CONSTRUCTION MATERIALS	235,691
PROGRESS ENERGY CAROLINAS PO BOX 1771 RALEIGH, NC 27602	UTILITIES	208,800
SOUTHERN ENERGY MANAGEMENT 101 KITTY HAWK DR MORRISVILLE, NC 27560	SUBCONTRACTOR WEATHERIZATION	190,153

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 ▶10

Part VIII Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations . . .	1d					
	e	Government grants (contributions)	1e	8,986,899				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	850				
	g	Noncash contributions included in lines 1a-1f $ ________						
	h	**Total.** Add lines 1a-1f . . . . ▶			8,987,749			
Program Service Revenue				Business Code				
	2a	PROGRAM SERVICE REVENU		624100	854,895	854,895		
	b	MISCELLANEOUS PROGRAM		624100	241,333	241,333		
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f . . . . ▶			1,096,228			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶			3,495			3,495
	4	Income from investment of tax-exempt bond proceeds . . ▶						
	5	Royalties . . . . ▶						
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . ▶						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory		500				
	b	Less cost or other basis and sales expenses		0				
	c	Gain or (loss)		500				
	d	Net gain or (loss) . . . . ▶			500			500
	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							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d . . . . . . ▶						
	12	**Total revenue.** See Instructions . . . ▶			10,087,972	1,096,228	0	3,995

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	430,365	430,365		
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	284,399		284,399	
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	4,303,331	4,012,150	291,181	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	193,784	186,425	7,359	
9	Other employee benefits	1,241,601	1,125,734	115,867	
10	Payroll taxes	368,610	329,278	39,332	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	43,055		43,055	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other				
12	Advertising and promotion	7,575	5,184	2,391	
13	Office expenses				
14	Information technology	21,285		21,285	
15	Royalties . .				
16	Occupancy	155,247	116,513	38,734	
17	Travel	121,497	120,219	1,278	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,408		2,408	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	233,699	233,289	410	
23	Insurance	57,225	31,272	25,953	
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	CONTRACTUAL	1,173,173	1,172,468	705	
b	SUPPLIES	950,487	946,698	3,789	
c	FOOD EXPENSE	176,817	176,817		
d	PROFESSIONAL DEVELOPMEN	130,632	129,470	1,162	
e					
f	All other expenses	265,666	248,910	16,756	
25	**Total functional expenses.** Add lines 1 through 24f	10,160,856	9,264,792	896,064	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			765,393	1	1,543,758
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			611,205	3	228,377
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) 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			6,690	8	7,239
	9	Prepaid expenses and deferred charges			25,927	9	13,304
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a	4,199,315			
	b	Less accumulated depreciation	10b	3,238,686	1,076,613	10c	960,629
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			16,059	15	55,420
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			2,501,887	16	2,808,727
Liabilities	17	Accounts payable and accrued expenses			549,381	17	715,645
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*				22	
	23	Secured mortgages and notes payable to unrelated third parties			516,449	23	461,695
	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			165,474	25	433,688
	26	**Total liabilities.** Add lines 17 through 25			1,231,304	26	1,611,028
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			698,462	27	546,318
	28	Temporarily restricted net assets			572,121	28	651,381
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,270,583	33	1,197,699
	34	Total liabilities and net assets/fund balances			2,501,887	34	2,808,727

Part XI Reconcilliation 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	10,087,972
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,160,856
3	Revenue less expenses Subtract line 2 from line 1	3	-72,884
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	1,270,583
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
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	1,197,699

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ____________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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 . .	3b	Yes	

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COMMUNITY ACTION OPPORTUNITIES

Employer identification number
56-0817672

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?

		Yes	No
(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?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section (see instructions))	**(iv)** Is the organization in col (i) listed in your governing document? Yes	No	**(v)** Did you notify the organization in col (i) of your support? Yes	No	**(vi)** Is the organization in col (i) organized in the U S ? Yes	No	**(vii)** Amount of support?
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 ")	6,781,743	5,768,852	7,301,521	8,024,741	8,987,749	36,864,606
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	6,781,743	5,768,852	7,301,521	8,024,741	8,987,749	36,864,606
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						36,864,606

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	6,781,743	5,768,852	7,301,521	8,024,741	8,987,749	36,864,606
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,044	4,300	2,923	3,669	3,495	31,431
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	53,335	110,643	335,539	312,381		811,898
11 **Total support** (Add lines 7 through 10)						37,707,935

12 Gross receipts from related activities, etc (See instructions) | 12 | 4,508,108

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	97 760 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	97 510 %

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** ▶☐

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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COMMUNITY ACTION OPPORTUNITIES

Employer identification number
56-0817672

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

(ii) Assets included in Form 990, Part X ► $ __________

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

a Revenues included in Form 990, Part VIII, line 1 ► $ __________

b Assets included in Form 990, Part X ► $ __________

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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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		134,000		134,000
b Buildings		2,716,943	2,127,379	589,564
c Leasehold improvements				
d Equipment		858,211	701,848	156,363
e Other		490,161	409,459	80,702
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				960,629

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
REFUNDABLE ADVANCE	433,688
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	433,688

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	10,087,972
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,160,856
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-72,884
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-72,884

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	10,985,812
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	897,840		
e	Add lines **2a** through **2d**			2e	897,840
3	Subtract line **2e** from line **1**			3	10,087,972
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	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	10,087,972

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

1	Total expenses and losses per audited financial statements			1	11,058,696
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	897,840		
e	Add lines **2a** through **2d**			2e	897,840
3	Subtract line **2e** from line **1**			3	10,160,856
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	10,160,856

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 ORGANIZATION IS EXEMPT FROM INCOME TAXES AS A NONPROFIT CORPORATION UNDER CODE SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION IT IS THE ORGANIZATION'S POLICY TO EVALUATE ALL TAX POSITIONS TO IDENTIFY ANY THAT MAY BE CONSIDERED UNCERTAIN ALL IDENTIFIED MATERIAL TAX POSITIONS ARE ASSESSED AND MEASURED BY A "MORE-LIKELY-THAN-NOT" THRESHOLD TO DETERMINE IF THE TAX POSITION IS UNCERTAIN AND WHAT, IF ANY, THE EFFECT OF THE UNCERTAIN TAX POSITION MAY HAVE ON THE FINANCIAL STATEMENTS NO MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED FOR TAX YEAR 2011 CURRENTLY, THE STATUTE OF LIMITATIONS REMAINS OPEN SUBSEQUENT TO AND INCLUDING TAX YEAR 2008, HOWEVER, NO EXAMINATIONS ARE IN PROCESS OR ANTICIPATED ANY CHANGES IN THE AMOUNT OF A TAX POSITION WILL BE RECOGNIZED IN THE PERIOD THE CHANGE OCCURS
PART XII, LINE 2D - OTHER ADJUSTMENTS		DONATED SERVICES AND USE OF FACILITIES 897,840
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DONATED SERVICES AND USE OF FACILITIES 897,840

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COMMUNITY ACTION OPPORTUNITIES

Employer identification number
56-0817672

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . ▶ ☐

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) DIRECT CASH ASSISTANCE FOR LOW-INCOME FAMILIES THAT MEET THE REQUIREMENTS FOR THE COMMUNITY SERVICE BLOCK GRANT LIFE WORKS PROGRAM	100	24,506			
(2) DIRECT CASH GRANTS FOR PARENTS THAT MEET THE REQUIREMENTS FOR THE 21ST CENTURY PARENTING PROGRAM	27	497			
(3) DIRECT CASH ASSISTANCE FOR ENERGY EXPENSES FOR LOW-INCOME FAMILIES THAT MEET THE REQUIREMENTS FOR THE LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)	1638	404,566			
(4) DIRECT CASH ASSISTANCE FOR MEDICAL EXPENSES FOR INDIVIDUALS THAT MEET THE REQUIREMENTS FOR THE HEAD START PROGRAM	5	796			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DIRECT CUSTOMER ASSISTANCE IS PROVIDED IN ACCORDANCE WITH PROGRAM RESTRICTIONS APPLICABLE TO EACH CORRESPONSING PROGRAM

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	**Employer identification number**
COMMUNITY ACTION OPPORTUNITIES	56-0817672

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) VICKI S HEIDINGER	(i)	149,678	0	0	0	18,374	168,052	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COMMUNITY ACTION OPPORTUNITIES

Employer identification number
56-0817672

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE COMPLETE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR APPROVAL PRIOR TO BEING FILED
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH REVIEW OF ANNUAL DISCLOSURE FORMS
	FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, AND TOP MANAGEMENT INCLUDED SALARY SURVEYS WHICH SHOWED COMPENSATION COMPARISIONS TO OTHERS WITH SIMILAR KNOWLEDGE, SKILLS, AND ABILITIES
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES COPIES OF ITS FORM 1023 AVAILABLE UPON REQUEST THE ORGANIZATION MAKES AVAILABLE COPIES OF ITS FORM 990 ON THE ORGANIZATION'S WEBSITE, THROUGH ANNUAL REPORTS, AND UPON REQUEST
	FORM 990, PART VI, SECTION C, LINE 19	COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Additional Data

Software ID:
Software Version:
EIN: 56-0817672
Name: COMMUNITY ACTION OPPORTUNITIES

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 $ 968,069 including grants of $ 405,063) (Revenue $ 219,119)

OTHER PROGRAMS CHILD AND ADULT CARE FOOD CHILD AND ADULT CARE FOOD PROGRAM PLAYS A VITAL ROLE IN IMPROVING THE QUALITY OF DAY CARE AND MAKING IT MORE AFFORDABLE FOR MANY LOW-INCOME FAMILIES CACFP HELPS TO ENSURE THAT ALL ELIGIBLE CHILDREN AND ADULTS WHO ATTEND OUR QUALIFYING CHILD CARE FACILITIES RECEIVE NUTRITIOUS MEALS THAT MEET OR EXCEED CACFP GUIDELINES DURING THE YEAR DURING THE PROGRAM YEAR, CHILDREN IN THE HEAD START PROGRAM WILL BE ENROLLED IN THE CACFP PROGRAM CHILDREN WILL BE PROVIDED NUTRITIONAL MEALS THAT MEET 2/3 OF THE DAILY NUTRITIONAL REQUIREMENT FAMILIES AND STAFF WILL PARTICIPATE IN THE HEAD START PROGRAM WITH EDUCATIONAL SUPPORT ABOUT NUTRITION 610 CHILDREN WERE PROVIDED REGULAR, NUTRITIOUS MEALS THAT MET 2/3 OF THE DAILY NUTRITIONAL REQUIREMENT THE FOLLOWING ACTIVITIES WERE ACCOMPLISHED - (A) 580 CHILDREN WERE TARGETED AND RECEIVED NUTRITION AND HEALTH-RELATED ASSESSMENT AND FOLLOW-UP, (B) 581 FAMILIES PARTICIPATED IN AND RECEIVED HEALTH EDUCATION REGARDING NUTRITION, (C) 742 CACFP PROGRAM PARTICIPANTS WERE OFFERED WEEKLY OPPORTUNITIES TO PARTICIPATE IN LESSON PLANS REGARDING NUTRITION, (D) 192,855 MEALS THAT MEET THE 2/3 DAILY NUTRITIONAL REQUIREMENT WERE SERVED (E) 81 STAFF MEMBERS RECEIVED TRAINING AND EDUCATION ABOUT CACFP NUTRITION GUIDELINES 21ST CENTURY PARENTING BEING A PARENT IS A CRITICAL AND OFTEN DIFFICULT JOB IT CAN BE EVEN HARDER FOR FAMILIES WHO LIVE ON LOW INCOME THAT IS WHY WE OFFER "21ST CENTURY PARENTING" TO PARENTS SINGLE, COUPLES, ADOPTIVE, FOSTER, ETC WHO WANT TO RAISE THEIR CHILDREN IN A NURTURING RELATIONSHIP RESEARCH INDICATES THAT FAMILIES WITH THESE DYNAMICS ARE MORE LIKELY TO BE PRODUCTIVE, COOPERATIVE AND RESPECTFUL, AND LESS LIKELY TO EXPERIENCE SUBSTANCE ABUSE, DEPRESSION AND VIOLENCE OUR EVIDENCE-BASED COURSE MATERIAL, DEVELOPED BY EXPERTS IN HEALTHY PARENT-CHILD RELATIONSHIPS, OFFERS FAMILIES NEW AND POSITIVE WAYS TO INTERACT FOR THE FISCAL YEAR ENDING JUNE 30, 2012 WE OFFERED THREE 12-WEEK CLASSES A TOTAL OF 27 PARTICIPANTS COMPLETED THE SERIES NORTH CAROLINA FAMILY DEVELOPMENT CREDENTIAL THE AGENCY SPONSORED TWO STATE WIDE CLASSES FOR PEOPLE WHO WORK IN A VARIETY OF FRONT-LINE JOBS WITH FAMILIES THE STATE-WIDE PROGRAM USES CURRICULA DEVELOPED BY CORNELL UNIVERSITY'S EMPOWERING FAMILIES PROJECT AND CREDENTIALED BY DUKE UNIVERSITY OFFICE OF CONTINUING STUDIES THE AGENCY ALSO ISSUED 17 LEADER CREDENTIALS TO MANAGERS FROM ACROSS WNC USING A STRATEGY GRANT FROM THE WNC COMMUNITY FOUNDATION THAT WAS RECEIVED DURING 2010 THE LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) IS A FEDERALLY FUNDED PROGRAM THAT PROVIDES FOR A ONE-TIME VENDOR PAYMENT TO HELP ELIGIBLE HOUSEHOLDS PAY THEIR HEATING BILLS COMMUNITY ACTION OPPORTUNITIES CONTRACTED WITH THE BUNCOMBE COUNTY DEPARTMENT OF SOCIAL SERVICES TO ADMINISTER THE LOW INCOME ENERGY ASSISTANCE PROGRAM TO RESIDENTS OF BUNCOMBE COUNTY BEGINNING IN DECEMBER 2011, AND ENDING IN MAY 2012, 1764 APPLICATIONS WERE PROCESSED, WITH 1638 HOUSEHOLDS BEING APPROVED TO RECEIVE A ONE-TIME ENERGY ASSISTANCE PAYMENT TO AID IN THE COST OF HEATING THEIR HOME BUNCOMBE DEPARTMENT OF SOCIAL SERVICES ISSUED THE FUNDS TO COVER THE ONE-TIME PAYMENT PAYMENT AMOUNTS WERE SET BY THE STATE OF NORTH CAROLINA AND BUNCOMBE COUNTY DEPARTMENT OF SOCIAL SERVICES BASED ON THE ENERGY SOURCE USED