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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.

2012
Open to Public Inspection

<u>A 1</u>	For the	2012 calendar year, or tax year beginning	and	ending		
В	Check if applicable	C Name of organization			D Employer identif	ication number
_		" THE COMMONITY ACTION C	OMMITTEE OF			
느	Addre:	DANBURY, INC.				
느	Name change	Doing Business As			06-0	1813725
느	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone numbe	er
<u></u>	Termir	OO NOKIH SIKEEI			203-	<u> 744 – 4700 </u>
<u>_</u>	Ameno	City, town, or post office, state, and ZIP code	•		G Gross receipts \$	<u>5,390,442.</u>
<u> </u>	Application	DANBURY, CT 06810			H(a) is this a group r	eturn
	pendir	F Name and address of principal officer MIC:	for affiliates?	Yes X No		
		SAME AS C ABOVE			H(b) Are all affiliates in	cluded? Yes No
<u> 1</u>]	Tax-exe	empt status X 501(c)(3) 501(c) ()		or 52	7 If "No," attach a	a list (see instructions)
<u>J \</u>	<i>N</i> ebsit	e: > HTTP://WWW.CACD-CAA.OR	G		H(c) Group exemption	on number
			sociation Other >	L Year	r of formation 1965 i	M_State of legal domicile: CT
Pá	art I	Summary			•	
a	1	Briefly describe the organization's mission or most	significant activities PROV	IDE S	ERVICES TO C	COMBAT
Activities & Governance		PROVERTY AND PROMOTE SELF	SUFFICIENCY AM	ONG T	HE RESIDENTS	OF THE
rus	2	Check this box if the organization discor	ntinued its operations or dispo-	sed of mor	re than 25% of its net a	ssets
ove.	3	Number of voting members of the governing body			3	12
Ō	1	Number of independent voting members of the gov			4	12
SS	ı	Total number of individuals employed in calendar y	* * .		5	68
įį	ı	Total number of volunteers (estimate if necessary)	,		6	0
ફ	1	Total unrelated business revenue from Part VIII, co	lumn (C) line 12		7a	0.
Ř	1	Net unrelated business taxable income from Form			7b	0.
		Het amounted becomes taxable alcome mem refin	330 1, 1110 0-1		Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)			6,252,299.	4,892,715.
Revenue	1	Program service revenue (Part VIII, line 2g)	-	•	454,812.	
Ş	1	· ·	and 7d\	-	4.	
æ	1	Investment income (Part VIII, column (A), lines 3, 4,				3.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	•	-	52,869.	
		Total revenue - add lines 8 through 11 (must equal		-	6,759,984.	
	1	Grants and similar amounts paid (Part IX, column (. -	0.	2,108,219.
		Benefits paid to or for members (Fart & column (A			0.	0.
Expenses		Salanes, other compensation, employee benefits (F			<u>2,226,297.</u>	
ĕ		Professional fundraising fees (Part X, columniA), li		<u> </u>	0.	0.
χ̈		Total fundraising expenses (Part IX, column (t), line		<u> </u>		
ш		Other expenses (Part IX, column (A), lines 1 fá i d,			<u>4,731,895.</u>	
	18	Total expenses Add ines 18 17 (must equal Part I)	(, column (A), line 25)	ļ	<u>6,958,192.</u>	4,945,226.
"	19	Revenue less expenses. Subtract line 18 from line	12		<198,208.	445,216.
Net Assets or und Balances	Ì			В	eginning of Current Year	End of Year
ass	20	Total assets (Part X, line 16)			2,043,376.	2,484,981.
≋	21	Total liabilities (Part X, line 26)		L	920,466.	916,855.
	22	Net assets or fund balances. Subtract line 21 from	line 20		1,122,910.	1,568,126.
Pa	art II	Signature Block				
Und	er penal	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stater	nents, and to the best of m	ny knowledge and belief, it is
true,	correct	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	hich prepare	r has any knowledge.	
		muhelle N Jame			11/5/1	۷
Sigr	n	Signature of officer			Date	
Her	- 1	MICHELLE JAMES, EXECUT	IVE DIRECTOR			
		Type or print name and title				
		Print/Type preparer's name	Prepager's signature /	1	Date Check	PTIN
Paid	ı	REED RISTEEN		CPA	11/4/13 It self-employ	P00241102
	arer			CPA'S	Firm's EIN	06-1009205
	Only	Firm's address 29 S. MAIN STREET			Timsend	<u> </u>
	····,		г, р.о. вод 272 г 06127-2000		Phone no Q	60 561-4000
Mar	the IP	IS discuss this return with the preparer shown about			1 FILORE HO. O	
			•			
23200	01 12-10	2-12 LHA For Paperwork Reduction Act Notice	e, see the separate instruction	ons.		Form 990 (2012)

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

THE COMMUNITY ACTION COMMITTEE OF DANBURY. INC.

	m \$90 (2012) DANBURY, INC.	06-0813725 Page 2
Pa	art III Statement of Program Service Accomplishments	<u> </u>
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	
	THE COMMUNITY ACTION COMMITTEE OF DANBURY, INC. IS A PR	
		NECTICUT AREA.
	IT'S PRIMARY PURPOSE IS TO OPERATE A MULTI-PURPOSE ORGA	
_	COMBAT POVERTY AND PROMOTE SELF SUFFICIENCY AMONG LOW I	NCOME
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 X No
	If "Yes," describe these new services on Schedule O	LYes LANo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	L Tes LA NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as	manaurad by avacaca
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported	ers, the total expenses, and
4a	(Code) (Expenses \$ 2,426,239. including grants of \$ 2,108,219.) (Reven	
14	FUEL ASSISTANCE - PAID A PORTION OF HEATING COSTS FOR 4	
	WHO QUALIFIED UNDER THE FEDERALLY FUNDED PROGRAM	,075 INDIVIDUALS
	WHO COMPLETED OND DIK THE TENDER TO OND DESTROY TO THE TENDER TO THE TEN	
4b	(Code) (Expenses \$ 367,505 . including grants of \$) (Reven	ue \$
	COMMUNITY SERVICES - ENCOMPASS HOUSING MEDIATION NEIGHB	
	COUNSELING AND EMERGENCY FOOD DISTRIBUTION AND OTHER SE	
	THE NEEDY INDIVIDUALS OF THE COMMUNITY.	
4c	(Code) (Expenses \$1, 514, 414. including grants of \$) (Reven	ue\$456,825.)
	DAYCARE - PROVIDE EDUCATIONAL SERVICES FOR CHILDREN BET	
		CLIENTS IN
	2012.	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 127,077. including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 4,435,235.	
2200	•	Form 990 (2012)

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		}	۱.,
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
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		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		,,
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			٠,
9	Schedule D, Part III	_8_		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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			v
10		9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			₹.
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		X
• •	as applicable.			
а				
a	Part VI		х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	_^_	
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	116		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	41	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	- 1.1	14a		X
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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
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		X
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		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2012)

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a	Х	1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	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		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
_	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		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	-		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	j	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 201 7701.2 and 201 7701.22 If "Vos." complete Schodulo D. Dort I.	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u></u>
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		}
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		х
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		х
	, , and the second of the seco			

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

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-orm	990	(2012)	

DANBURY, INC

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Par	Check if Schedule O contains a response to any question in this Part V				
	Oncorn concede o contains a responde to any question in this rare v			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	24	$\neg \uparrow$		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	gaming			
_	(gambling) winnings to prize winners?		1c		
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	68			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	x	ı
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	{	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)	,	4a		X
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	,		İ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	L	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	L	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	1	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organi	zation solicit		1	
	any contributions that were not tax deductible as charitable contributions?	-	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or g	ıfts			
	were not tax deductible?	1	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1		1	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pro	/ided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require	∍d			
	to file Form 8282?	-	7c		X
	I If "Yes," indicate the number of Forms 8282 filed during the year 7d		_		
e		-	7e		X
f			7f		X
g			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	F	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the sup				l
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time of	luring the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		0-		l
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	ŀ	9a		
_		• •	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12				i
ь 11	Section 501(c)(12) organizations. Enter				
			1		
	Gross income from other sources (Do not net amounts due or paid to other sources against		l		l
-	amounts due or received from them.)				ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	į	l
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				ı
	Is the organization licensed to issue qualified health plans in more than one state?	ļ	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O	Ţ			
b	Enter the amount of reserves the organization is required to maintain by the states in which the				ĺ
-	organization is licensed to issue qualified health plans				ĺ
С	Enter the amount of reserves on hand				L_
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No, " provide an explanation in Schedule O		14b		
			Form	990	(2012

THE COMMUNITY ACTION COMMITTEE OF Form 990 (2012) DANBURY, INC. 06-0813725 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 12 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 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

4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion 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		X
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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
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

List the states with which a copy of this Form 990 is required to be filed >CT

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Another's website Own website **X** Upon request Other (explain in Schedule O)

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 during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MICHELLE JAMES - 203-744-4700

66 NORTH STREET, DANBURY, CT 06810

	1111	COMMONTIL	MCTTOM	COMMITTIES	OF		
Form 990 (URY, INC.				06-0813725	Page 7
Part VII	Compensation of Offi	cers, Directors	, Trustees	s, Key Employee	s, Highest Comp	ensated	
	Employees, and Indep	pendent Contra	actors				

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization n	or any related	orga	nıza	tion	cor	mper	nsat	ed any current officer, o	irector, or trustee	
(A) (B)				(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	dad	recto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or d	<u>a</u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	uste	E de s		8	ubeu		(W-2/1099-MISC)		organization and related
	below) nal	tona		g g	yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GLENDA ARMSTRONG	1.00					<u> </u>				
VICE PRESIDENT		Х		X				0.	0.	0.
(2) JOHN CHERRY	1.00									
TREASURER		X		X				0.	0.	0.
(3) RUTH HOGGARD	1.00	ļ			Ì					
DIRECTOR		X					ļ	0.	0.	0.
(4) SYDAHNE PHILLIP-BRADGE	1.00							_		_
DIRECTOR		X			_			0.	0.	0.
(5) ELLA FRASER	1.00								_	_
SECRETARY		X		X				0.	0.	0.
(6) ANN PICCINI	1.00						1	_	_	_
DIRECTOR		X					_	0.	0.	0.
(7) CREIGHTON LEE	1.00				ļ					
DIRECTOR		X			<u> </u>	<u> </u>		0.	_0.	<u> </u>
(8) TAMMY REARDON	1.00							_	_	_
DIRECTOR		X			<u> </u>			0.	0.	<u> </u>
(9) ANNA GONZALEZ	1.00								_	_
DIRECTOR	4 00	X	<u> </u>		ļ	 	<u> </u>	0.	0.	0.
(10) CORTEZ WHITE	1.00				ŀ					_
PRESIDENT	1 00	Х		X	_	 	<u> </u>	0.	0.	0.
(11) CYNTHIA WHITAKER	1.00									•
DIRECTOR	1 00	X			<u> </u>			0.	0.	0.
(12) PAUL BEAVERS	1.00	,,						_	•	•
DIRECTOR	40 00	X				\vdash		0.	0.	0.
(13) PHYLLIS KINLOW	40.00			₹.				75 626	•	12 750
INTERIM ED	40.00			X	_	-		75,626.	0.	13,759.
(14) YVETTE STOKES	40.00			x		l l		E7 400	^	12 607
FINANCE DIRECTOR			_	Λ				57,489.	0.	13,687.
					<u> </u>	L				

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2012) DANBURY, INC.

Part VIII | Statement of Revenue

06-0813725

Page 9

Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1e 4,849,710. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 43,005 g Noncash contributions included in lines 1a-1f \$ 892,715 h Total. Add lines 1a-1f **Business Code** 2 a PROGRAM FEES 624410 456,825. 456,825. Program Service Revenue f All other program service revenue 456,825. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a OTHER_INCOME 900099 40,899. 40,899. d All other revenue 40,899. e Total. Add lines 11a-11d 390,442. 456,825 Total revenue See instructions. 0. 40,902.

Form 990 (2012) DANBURY, INC.
Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a responsion to include amounts reported on lines 6b.		(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	2,108,219.	2,108,219.		
3	Grants and other assistance to governments,			-	
	organizations, and individuals outside the		ĺ		
	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	160,561.	48,168.	112,393.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		Ì		
	persons described in section 4958(c)(3)(B)	1 212 226	1 050 650		
7	Other salaries and wages	1,319,236.	1,252,658.	66,578.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	300 307	262 646	26 751	
9	Other employee benefits	390,397.	363,646.	26,751.	
10	Payroll taxes	106,576.	94,853.	11,723.	
11	Fees for services (non-employees).				
a	Management	50,518.	40,414.	10,104.	
b	LegalAccounting	29,909.	23,927.	5,982.	
c d	Lobbying	43,303.	43,341.	5,362.	
e	Professional fundraising services. See Part IV, line 17		·		·
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	55,885.	44,709.	11,176.	
12	Advertising and promotion		22,700.	11,170.	
13	Office expenses	89,072.	17,814.	71,258.	·-·· -
14	Information technology	03/072	17,014.	71,230.	
15	Royalties				
16	Occupancy	189,602.	161,162.	28,440.	
17	Travel		20272021	20,1101	
18	Payments of travel or entertainment expenses		-		**
	for any federal, state, or local public officials		į		
19	Conferences, conventions, and meetings	16,354.	1,635.	14,719.	
20	Interest	19,749.	19,749.		
21	Payments to affiliates			-	-
22	Depreciation, depletion, and amortization	71,863.	64,677.	7,186.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MATERIALS AND SUPPLIES	216,802.	173,442.	43,360.	<u>-</u>
h	DISALLOWED COSTS	87,501.	1/3/2240	87,501.	
c	REPAIRS AND MAINTENANCE	32,982.	20,162.	12,820.	
d		52,502.	20,1021	12,020	
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	4,945,226.	4,435,235.	509,991.	0
2 6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X Balance Sheet

DANBURY, INC.

06-0813725 Page 11

1 2 3 4 5 6 7 8 9	Cash · non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net	(A) Beginning of year 600,893. 33,395. 458,124.	1 2 3 4	(B) End of year 953,446. 33,398. 567,512.
2 3 4 5 6	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L	Beginning of year 600,893. 33,395.	3 4	End of year 953,446. 33,398.
2 3 4 5 6	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L	33,395.	3 4	33,398.
3 4 5 6	Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		3 4	33,398. 567,512.
4 5 6	Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		4	567,512
5 6 7 8	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L			
6 7 8	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		5	
7 8	Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		5	
7 8	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		5	
7 8	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			
8	employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L			
8	employees' beneficiary organizations (see instr) Complete Part II of Sch L			
8				
8			6	
_			7	
9	Inventones for sale or use		8	
	Prepaid expenses and deferred charges	8,799.	9	48,281.
10a	Land, buildings, and equipment cost or other	- ,		
	basis Complete Part VI of Schedule D 10a 1,644,993.		1	
b	Less accumulated depreciation 10b 762,649.	942,165.	10c	882,344.
11				
12				
13				
14				-
15	_			· · · · · · · · · · · · · · · · · · ·
16	·	2.043.376.		2,484,981.
17				133,939.
18	· · · · · · · · · · · · · · · · · · ·		1	
19	Deferred revenue	113,050.		245,689.
20	Tax-exempt bond liabilities			
21	Escrow or custodial account liability. Complete Part IV of Schedule D			
22	- · · · · · · · · · · · · · · · · · · ·			-
	· ·			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	460,000.		430,000.
24				
25				
	· · · · · · · · · · · · · · · · · · ·			
		17.398.	25	107,227.
26	Total liabilities. Add lines 17 through 25			916,855.
27	Unrestricted net assets	1,105,994.	27	1,528,737.
28	Temporarily restricted net assets			39,389.
29	Permanently restricted net assets			
	and complete lines 30 through 34.		-	
30			30	
	· ·	<u>-</u>		
	The state of the s	1,122,910.		1,568,126.
33	· · · · · · · · · · · · · · · · · · ·			<u> </u>
11111122 2 2 2 2 3 3 3	11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 41 22	Investments · publicly traded securities Investments · other securities See Part IV, line 11 Investments · other securities See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Total liabilities assets Femporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	Investments - publicly traded securities Investments - other securities See Part IV, line 11 Investments - other securities See Part IV, line 11 Interpretation of the securities See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Intangible assets	Investments - publicly traded securities Investments - other securities See Part IV, line 11 Interpretated See Part IV, line 11 Intangible assets Intangible Intangib

Form **990** (2012)

	1990 (2012) DANBURY, INC.	<u>06-</u>	<u>081372</u>	<u>25</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>42.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 26.</u>
3	Revenue less expenses Subtract line 2 from line 1	3				<u> 16.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,:	<u>L22</u>	<u>2,9</u>	10.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities .	6				
7	Investment expenses	7				
8	Pnor period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1,5	568	3,1	26.
Pa	rt XII Financial Statements and Reporting			·		
	Check if Schedule O contains a response to any question in this Part XII					\mathbf{x}
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				İ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_ X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both			-		
	Separate basis Consolidated basis Both consolidated and separate basis			1		
b	Were the organization's financial statements audited by an independent accountant?		2	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		\Box		
	consolidated basis, or both					ĺ
	X Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			į	ĺ
	review, or compilation of its financial statements and selection of an independent accountant?		2	c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Aud	ıt			Í
	Act and OMB Circular A-133?	-	1	a	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audi	t 🗆			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> 3</u>	ь	х	

232012 12-10-12 Form **990** (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public

Name of the organization

THE COMMUNITY ACTION COMMITTEE OF

Employer identification number 06-0813725

			DANBURY	, INC.						_ 0	6-0813	<u>725</u>	
Pa	rt I	Reason	for Public Cha	rity Status (All organiz	ations mu	st complet	te this part	t) See inst	tructions.				- <u> </u>
Γhe	organi	zation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	юх.)			·		
1		A church, cor	nvention of churche	es, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2				70(b)(1)(A)(ii). (Attach Sc									
3				ital service organization	-		170(b)(1)	(A)(iii).					
4	$\overline{\Box}$			operated in conjunction					(b)(1)(A)(u	ı). Enter	the hospital	l's nam	ne.
•		city, and stat				p//ai/			(-/(-/(-/(-/(-/	.,.			,
5		-		benefit of a college or ur	niversity ov	wned or or	nerated by	a governi	mental uni	t describ	ned in		
5		-	(b)(1)(A)(iv). (Compl	*	involsity of	Miled of of	ociated by	a govern	morniar arm	. 4000110	, CG III		
				·			- 470(h)(a	1 A W. A					
6	₩			nent or governmental unit									
′	LX.	-	•	ceives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public desc	ribea i	ın
_			b)(1)(A)(vi). (Comple										
8	\vdash			section 170(b)(1)(A)(vi).				_					
9	ш			ceives: (1) more than 33 1									
				inctions - subject to certa									
				taxable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon	after June 3	30, 197	75.
	$\overline{}$	See section	509(a)(2). (Complet	e Part III.)									
10	\sqsubseteq	An organizati	ion organized and o	perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	4).				
11	Ш	An organizati	ion organized and o	perated exclusively for the	ne benefit i	of, to perfo	orm the fui	nctions of,	or to carr	y out the	purposes o	of one	or
		more publicly	supported organiz	ations described in secti	on 509(a)(⁻	1) or section	on 509(a)(2	2) See se	ction 509(a)(3) . Ch	eck the box	that	
			· · · · · · · · · · · · · · · · · · ·	organization and compl	ete lines 1	1e through	n 11h						
		a Type I	ı b T	ype II	ype III - Fu	nctionally	ıntegrated	•	ы ∐ Тур	e III - No	n-functional	ly integ	grated
е		By checking	this box, I certify th	at the organization is not	controlled	directly o	r ındırectly	by one o	r more disc	qualified	persons oth	ner tha	n
		foundation m	anagers and other	than one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509	}(a)(2)	
f		if the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	rganization, check t	his box .									
g		Since August	t 17, 2006, has the	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
		(i) A persor	n who directly or inc	directly controls, either al	one or tog	ether with	persons o	lescribed	ın (ii) and (ııı) below	·,	Yes	No
				supported organization?	_				_		11g(i)		
		(ii) A family	member of a perso	n described in (i) above?					·		11g(ii)		
			•	a person described in (i) o		₉ ?		•	• •		11g(iii)		
h				about the supported or			•			•	. (
•				. about the supported of	garnzanom	(0)							
	Mama	of our order	(**) F(N	("") Turn of accounts	(iv) Is the c	rganization	(v) Did voi	notify the	(vi) ls	the	(A		
(1)		of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis				Lorganizatio	on in col. I	(vii) Amoun		петагу
	uiya	nization		above or IRC section	governing	-		support?	(i) organız U.S	.?	յ Տ աբ	port	
				(see instructions))	Yes	No	Yes	No	Yes	No			
		-					1.00			1.0			
											İ		
									 -				
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								l					
			<u> </u>		-			<u> </u>					
								 	 	 			
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	_		<u> </u>		<u> </u>		 			ļ			
					1]		j	1		

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

Schedule A (Form 990 or 990-EZ) 2012

06-0813725 Page 2

Schedule A (Form 990 or 990-EZ) 2012 DANBURY, INC.

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	4,913,394,	6 238 457	6,880,294.	6,235,383.	4,892,715.	29,160,243.
2	Tax revenues levied for the organ-			0,000,201,	0,200,000,		
	ization'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	4,913,394,	6,238,457,	6,880,294,	6,235,383.	4,892,715,	29,160,243,
5	The portion of total contributions		, ,				
	by each person (other than a	1					
	governmental unit or publicly						
	supported organization) included	j		İ			
	on line 1 that exceeds 2% of the			Ì			
	amount shown on line 11,						
	column (f)						
6	Public support, Subtract line 5 from line 4						29 160 243.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	4,913,394.	6,238,457,	6,880,294.	6,235,383,	4.892.715.	29,160,243,
8	Gross income from interest,					, , ,	
	dividends, payments received on						
	securities loans, rents, royalties]		İ	
	and income from similar sources	6,117.	1,741.	19.	5.	3.	7,885.
9	Net income from unrelated business						
	activities, whether or not the		ł	1			
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)			İ	,	40,899.	40,899.
11	Total support. Add lines 7 through 10						29,209,027,
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	l, fourth, or fifth tax	x year as a sectio	n 501(c)(3)	:
	organization, check this box and stop	here .					
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2012 (I	ine 6, column (f) div	rided by line 11, co	olumn (f))		14	99.83 %
15	Public support percentage from 2011	Schedule A, Part I	l, line 14	-		15	99.94 %
16a	33 1/3% support test - 2012. If the o	organization did not	check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				. ▶ X
b	33 1/3% support test - 2011. If the o	organization did not	check a box on li	ne 13 or 16a, and i	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	ıfies as a publicly sı	upported organiza	tion .			ightharpoons
17a	10% -facts-and-circumstances test	t - 2012. If the orga	ınızatıon dıd not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstanc	es" test, check th	is box and stop he	ere. Explain in Pai	t IV how the organ	ızatıon
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	t - 2011. If the orga	ınızatıon did not cl	neck a box on line	13, 16a, 16b, or 1	17a, and line 15 is 1	10% or
	more, and if the organization meets th	ne "facts-and-circum	nstances" test, ch	eck this box and s	top here. Explain	in Part IV how the	
	organization meets the "facts-and-circ				-		ightharpoons
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	<u>, 16b, 17a, or 17b,</u>	check this box a	nd see instructions	▶ □
					Sche	dule A (Form 990	or 990-EZ) 2012

Schedule A (Form 990 or 990 EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	DCIOW, piedse COII	picto rait II.)				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		1.4				
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4 Tax revenues levied for the organ- ization'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	1					
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				<u></u>		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6					1	
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	or the organization	's first, second, thu	d, fourth, or fifth ta	ax year as a sect	ion 501(c)(3) organiz	ation,
check this box and stop here			·			▶□
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2012	(line 8, column (f) o	livided by line 13, o	column (f))		15	9
16 Public support percentage from 201	1 Schedule A, Par	t III, line 15			16	9
Section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 2	012 (line 10c, colu	mn (f) dıvided by lıı	ne 13, column (f))		17	9
18 Investment income percentage from	2011 Schedule A,	Part III, line 17			18	9
19a 33 1/3% support tests - 2012. If the	e organization did i	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box	•				· ·	▶□
b 33 1/3% support tests - 2011. If the line 18 is not more than 33 1/3%, ch	organization did	not check a box or	line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
20 Private foundation. If the organization		-		· · · · · ·	-	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

THE COMMUNITY ACTION COMMITTEE OF

Employer identification number 0.6 – 0.813725

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
<u></u>	organization answered "Yes" to Form 990, Part IV, lin		, to o anti-roomplete in the
	organization answered Tes to Contrago, Fart 14, in	(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) belief advised falles	(b) Tando and other abouting
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate yellio at and of year)		
4	Aggregate value at end of year		un de
5	Did the organization inform all donors and donor advisors in	_	
•	are the organization's property, subject to the organization's	S .	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confi	
Pa	impermissible private benefit? I Conservation Easements. Complete if the organization.	connection annual and lives to Form 000. Best III	Yes No
			v, line /
1	Purpose(s) of conservation easements held by the organizat		ally construct to a disconst
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certified	nistoric structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a d	conservation easement on the last
	day of the tax year		
	Tabel and be of a second as a second		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	` '	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) above	/e satisfy the requirements of section 1/0(h)(4)	
_	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the o	organization's accounting for
Dai	conservation easements † III Organizations Maintaining Collections o	f Art. Historical Treasures, or Other	Similar Assats
1 0	Complete if the organization answered "Yes" to Form		Sillilai Assets.
			
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		or public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	•	ŕ
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	ervice, 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 tre	-	n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а			S
þ	Assets included in Form 990, Part X		> \$

_	edule D (Form 990) 2012 DANBURY									5 Page 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, His	storical Tr	easures,	or Othe	er Simil	ar Asse	ts(contin	nued)
3	Using the organization's acquisition, accessi	on, and other record	s, che	ck any of the	following tha	at are a s	gnificant	use of its	collection	n items
	(check all that apply)									
а	Public exhibition	d		Loan or exc	hange progr	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how t	they further t	he organizat	ion's exe	mpt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma] Yes	No.
Pa	rt IV Escrow and Custodial Arran					"Yes" to	Form 990	, Part IV,	ine 9, or	_
	reported an amount on Form 990, Par			-						
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary fo	r contribution	s or other as	ssets not	ıncluded			
	on Form 990, Part X?		•					[Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing	table						
			- 3						Amount	-
С	Beginning balance						1c			,
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. line:	21?				L		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.			on has been	provided in	Part XIII		_		= "
	rt V Endowment Funds. Complete if	the organization ans	swered	"Yes" to Fo	rm 990. Part	IV. line 1	0			
		(a) Current year		Prior year	(c) Two yea			ears back	(e) Four	years back
1a	Beginning of year balance	1-7		,	, , , , , ,		,		12/1-1	<u> </u>
b	Contributions									
С	Net investment earnings, gains, and losses			· · · · · · · · · · · · · · · · · · ·						
d	Grants or scholarships									
e	Other expenditures for facilities						_			
•	and programs					ĺ				
f	Administrative expenses			-						
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end halance	e (line :	la column (a	ı)) held as:					
a	Board designated or quasi-endowment	•	%	rg, column (c	y, noid ds.					
b	Permanent endowment	%								
	Temporanly restricted endowment	^ %								
•	The percentages in lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the posses	•	tion th	at are held a	nd administe	ared for th	ne Ordaniz	ation		
••	by	onen or are organiza		at are ricid a	na aaminista	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ic organiz	ation	Γ	Yes No
	(i) unrelated organizations								3a(i)	165 140
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	Sche	dula B2		•	•	•	3b	
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipm								-	
	Description of property	(a) Cost or ot		1	or other	(0) (4	cumulate	<u></u>	(d) Rook	value
	occupation of property	basis (investm		1 ''	or other (other)		reciation	u	(d) Book	value
10	Land				(,	201				
	Buildings			1 30	5,111.	,	160,4	11	Ω // /	1,697.
C	Leasehold improvements			1,30	<i>-</i> , ⊥ ⊥ ⊥ •				044	<u> </u>
d	Equipment			32	9,882.	· ·	302,23	3.5	2 -	7,647.
	Other			33	J,004.					,04/.
	Add lines 1a through 1e (Column (d) must en	ual Form 990 Port \	Cooke	mn (P) line 1	0(a))				221	344.

Schedule D (Form 990) 2012

Part X Other Liabilities. See Form 990, Part X, line 25. 1.	Schedule D (Form 990) 2012 DANBURY, INC		··	06-0813725 Page 3
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Part VIII Investments - Other Securities. See			ar and of war madest value
(2) Closely-held equally interests (3) Other (4) (8) (9) (9) (10) (10) (10) (10) (10) (10) (11) (10) (10		(b) Book value	(c) Method of Valuation. Cost	or end-or-year market value
(3) Other	(2) Closely hold equity interacts			· · · · · · · · · · · · · · · · · · ·
(A) (B) (C)		.	- 	-
(E) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D				-
(D) (E) (F) (G) (H) (D) (D) (D) (E) (P) (E) (P) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E				
(F) (G) (H) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(D)			
(G) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P	(E)			
(1)	(F)			
Cital. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Cital. (Col. (b) must equal Form 990, Part X, line 13 Cital. (Col. (b) must equal Form 990, Part X, col. (B) line 15.) Cital. (Col. (b) must equal Form 990, Part X, col. (B) line 15.) Cital. (Col. (b) must equal Form 990, Part X, col. (B) line 15.) Cital. (Col. (c) must equal Form 990, Part X, col. (B) line 15.) Cital. (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)				
Part VIII Investments - Program Related. See Form 990, Part X, line 13				
(a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (Col. (b) must equal Form 990, Part X, col. (3) line 13.) Part X Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, col. (3) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (3) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (3) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (3) line 15.) [1] India (Column (b) must equal Form 990, Part X, col. (3) line 15.) [2] INTEREST PAYABLE (2) INTEREST PAYABLE (3) DUE TO STATE OF CT (4) (5) (6) (7) (8) (9) (10) (11)	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
(1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(a) Description of investment type		ne 13	an and of consumation to the
(e) (d) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		(b) BOOK Value	(c) Method of Valuation Cost	or end-or-year market value
(3) (4) (5) (6) (7) (8) (9) (10) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) INTEREST PAYABLE 19, 726. (3) DUE TO STATE OF CT 87,501. (4) (5) (6) (7) (8) (9) (10) (10) (11)			· · · · · · · · · · · ·	
(4) (5) (6) (7) (8) (9) (10) Total (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (1) Federal income taxes (2) INTEREST PAYABLE 19,726. (3) (4) (5) (6) (7) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	· · · · · · · · · · · · · · · · · · ·			
(5) (6) (7) (8) (9) (10) Intal (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) Intal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) INTEREST PAYABLE 19,726. (3) DUE TO STATE OF CT 87,501. (4) (5) (6) (7) (8) (9) (10) (10) (11)			- 	
(6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (11) (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(7) (8) (9) (10) Total (Cot.(b) must equal Form 990, Part X, cot. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, cot. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, the 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) INTEREST PAYABLE 19, 726. (3) DUE TO STATE OF CT 87, 501. (4) (5) (6) (7) (8) (9) (10)				
(9) (10) (10) (10) (10) (10) (11) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10		-		
(10)	(8)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15	(9)			
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value				
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, the 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) INTEREST PAYABLE 19,726. (3) DUE TO STATE OF CT 87,501. (4) (5) (6) (7) (8) (9) (10) (10) (11)	Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			<u></u>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total./Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, tine 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) INTEREST PAYABLE 19,726. (3) DUE TO STATE OF CT 87,501. (4) (5) (6) (7) (8) (9) (10)				
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(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) INTEREST PAYABLE 19,726. (3) DUE TO STATE OF CT 87,501. (4) (5) (6) (7) (8) (9) (10) (11)				
(4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) INTEREST PAYABLE 19,726. (3) DUE TO STATE OF CT 87,501. (4) (5) (6) (7) (8) (9) (10) (11)				
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) INTEREST PAYABLE 19,726. (3) DUE TO STATE OF CT 87,501. (4) (5) (6) (7) (8) (9) (10) (11)				
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2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's				est reporte the arrangement

THE COMMUNITY ACTION COMMITTEE OF 06-0813725 Page 4 Schedule D (Form 990) 2012 DANBURY, INC. Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 5,410,442. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments 20,000. b Donated services and use of facilities 2h c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 20,000. Add lines 2a through 2d 2e Subtract line 2e from line 1 3 5,390,442. 3 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 4,965,226. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 20,000. a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 20,000. 2e 4,945,226. Subtract line 2e from line 1 3 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 XIII.) c Add lines 4a and 4b 40 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2012

Employer identification number 06-0813725 OMB No 1545-0047 Open to Public Inspection (h) Purpose of grant or assistance X Yes 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 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant THE COMMUNITY ACTION COMMITTEE OF (c) IRC section if applicable General Information on Grants and Assistance (P) EIN critena used to award the grants or assistance? DANBURY, INC 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990) Part Part

%

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

24

Schedule I (Form 990) (2012)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed DANBURY, INC Schedule I (Form 990) (2012) PartIII

Page 2

06 - 0813725

(f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part II, inne 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) SCHEDULE I, PART I, LINE 2: NO MONITORING NECESSARY BECAUSE PARTICIPANT'S FUEL BILLS ARE BEING PAID DIRECTLY BY THE ORGANIZATION IN ACCORDANCE WITH (d) Amount of non-cash assistance Ö 2,108,219. (c) Amount of cash grant (b) Number of recipients 4673 (a) Type of grant or assistance FUEL AND RENTAL ASSISTANCE

FEDERAL PROGRAM GUIDLINES

Schedule I (Form 990) (2012)

232102 12-18-12

Schedule K (Form 990) 2012 Š financing (i) Pooled Employer identification number × OMB No 1545-0047 Open to Public Inspection Yes 2012 ٥ ŝ (g) Defeased (h) On behalf 06-0813725 ž × of issuer ۵ Yes Yes Yes ŝ × Yes ŝ No (f) Description of purpose O ပ RENOVATE CHILD CARE FACILITY Yes Yes Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ž ŝ œ 8 Yes Yes 460,000 (e) Issne buce 460,000 460,000 × × × ĝ ŝ 2011 (d) Date issued ⋖ 08/19/11 Yes Yes × 26 × Q. COMMITTEE 232121 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) CUSIP# Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of NONE Was the organization a partner in a partnership, or a member of an LLC, THE COMMUNITY ACTION ▶ Attach to Form 990 (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? INC Has the final allocation of proceeds been made? Working capital expenditures from proceeds DANBURY Credit enhancement from proceeds Capital expenditures from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name Part III Private Business Use Other unspent proceeds bond-financed property? Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization **Bond Issues** Department of the Treasury Internal Revenue Service Proceeds **SCHEDULE K** A CHEFA (Form 990) Part II Part 6 2 ဖ œ 8 7 9 7 일 5 ပ t 4 9

DANBURY, INC Schedule K (Form 990) 2012

Page 2 % ဍိ ۵ Yes % % % % ŝ Yes 06-0813725 % % % % ŝ 8 Yes ፠ % % % S × 00 00 × × Yes × × counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside Enter the percentage of financed property used in a private business use as a result of governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed 8a Has there been a sale or disposition of any of the bond-financed property to a nonc If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Has the organization established written procedures to ensure that all nonqualified entities other than a section 501(c)(3) organization or a state or local government bonds of the issue are remediated in accordance with the requirements under counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by unrelated trade or business activity carned on by your organization, another 3a Are there any management or service contracts that may result in private Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government Regulations sections 1 141-12 and 1 145-27 business use of bond-financed property? Part III Private Business Use (Continued) 1.141-12 and 1 145-27 Total of lines 4 and 5 Part IV Arbitrage 6 S 9 4

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	4			В		C	D	
	Yes	No	Yes	No	Yes	No	Sə	№
1 Has the issuer filed Form 8038-T?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×						
b Exception to rebate?		X						
c No rebate due?	X							
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate								
computation was performed								
3 Is the bond issue a variable rate issue?		×						
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
232122 12-17-12						Sch	Schedule K (Form 990) 2012	m 990) 2012

OF	
COMMITTEE	
ACTION	
COMMUNITY	X, INC.
THE CO	DANBUR

Page 3 ŝ ŝ ۵ Yes Yes ŝ ŝ Yes Yes Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions) 06-0813725 S ŝ 8 8 Yes Yes 2 ⋈ Ŷ × × Yes Yes d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? 7 Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation is not available under applicable 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 6 Were any gross proceeds invested beyond an available temporary period? Part V Procedures To Undertake Corrective Action Part IV Arbitrage (Continued) Schedule K (Form 990) 2012 b Name of provider section 148? c Term of GIC regulations?

Schedule K (Form 990) 2012

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

232211 01-04-13

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

THE COMMUNITY ACTION COMMITTEE OF DANBURY, INC.

Employer identification number 06-0813725

DIMODRI I INCO
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GREATER DANBURY CONNECTICUT AREA.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INDIVIDUALS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ELDERLY SERVICES - PROVIDE SERVICES FOR THE ELDERLY FOR WORK RELATED
PROJECTS.
EXPENSES \$ 58,498. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
HISPANIC PROGRAMS - PROVIDE ADVOCACY AND INTERPRETIVE SERVICES IN THE
AREAS OF HOUSING, LEGAL AND HEALTH AS WELL AS PROVIDING BILINGUAL
VOCATIONAL TRAINING.
EXPENSES \$ 68,579. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY MANAGEMENT
PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: THE EXECUTIVE DIRECTOR REVIEWS THE
ANNUAL CODE OF CONDUCT AND CONFLICT OF INTEREST STATEMENTS ANNULLY.
FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION INFORMATION FOR
EXECUTIVE DIRECTORS FROM ALL OF THE COMMUNITY ACTION COMMITTEES IN
CONNECTICUT IS REVIEWED. IN ADDITION THE CONNECTICUT ASSOCIATION OF
NONPROFIT ORGANIZATIONS ANNUAL SURVEY OF COMPENSATION IS ALSO REVIEWED. THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

				90-EZ) (2															<u>_</u>	age 2
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Form 8868 (Rev 1-2013)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this	box	>	X
Note. Only complete Part II if you have already been granted an a				8868	
• If you are filing for an Automatic 3-Month Extension, comple					
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	opies needed).	
		Enter filer's	<u>identifyin</u>	ig number, see ins	tructions
Type or Name of exempt organization or other filer, see instru	ctions		Employer	identification numb	oer (EIN) or
print THE COMMUNITY ACTION COMMITT	ree o	F			
File by the DANBURY, INC.				<u>06-081372</u>	25
due date for Number, street, and room or suite no If a P O. box, so	ee instruc	tions.	Social se	curity number (SSN	I)
return See 66 NORTH STREET	···			**	
instructions. City, town or post office, state, and ZIP code For a fo	oreign add	ress, see instructions			
DANBURY, CT 06810					
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 1
Application	Return	Application			Return
Is For	Code	ls For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL			08		
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	l an autor	natic 3-month extension on a prev	ously file	d Form 8868.	
MICHELLE JAMES					
 The books are in the care of ► 66 NORTH STREET 	r - D		-		
Telephone No. ► 203-744-4700		FAX No. ▶			
 If the organization does not have an office or place of business 				>	
If this is for a Group Return, enter the organization's four digit	1				
box . If it is for part of the group, check this box		ch a list with the names and EINs of	all memb	ers the extension is	for
4 I request an additional 3-month extension of time until	NOVEM:	BER 15, 2013.			
5 For calendar year 2012 , or other tax year beginning		, and ending			·
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on	Final re	eturn	
Change in accounting period					
7 State in detail why you need the extension					
THE AGENCY IS UNDERGOING AN AU					
	ENCY .	DOES NOT WANT TO F	LLE F	ORM 990 UL	4.T.T.T.
THE AUDIT HAS BEEN COMPLETED.					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, 0	or 6069, e	nter the tentative tax, less any		_	^
nonrefundable credits. See instructions.	_		8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	-				
tax payments made. Include any prior year overpayment all	owed as a	a credit and any amount paid			0
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your pa	•	h this form, if required, by using			0
EFTPS (Electronic Federal Tax Payment System). See instru		the completed for Dort II a	8c	\$	0.
•		st be completed for Part II o	-	f mu linoudedee ee a l	also f
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this for	ing accomp irm.	panying schedules and statements, and to	ine dest o	i my knowledge and b	ellef,
_		TITE DIDECTO	D-21		
Signature Title I	<u> </u>	TIVE DIRECTOR	Date	_	