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# Return of Organization Exempt From Income Tax

**2012**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2012 calendar year, or tax year beginning** 07/01, 2012, and ending 06/30, 2013

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> COMMUNITY ENTERPRISES, INC.			<b>D Employer identification number</b> 51-0178661		
	<b>Doing Business As</b>			<b>E Telephone number</b> (413) 584-1460		
	<b>Number and street (or P O box if mail is not delivered to street address)</b> 441 PLEASANT STREET		<b>Room/suite</b>	<b>G Gross receipts \$</b> 16,323,754.		
	<b>City, town or post office, state, and ZIP code</b> NORTHAMPTON, MA 01060			<b>H(a) Is this a group return for affiliates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>F Name and address of principal officer</b> RICHARD W. VENNE SAME AS C ABOVE			<b>H(b) Are all affiliates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c) Group exemption number</b>			
<b>J Website:</b> WWW.COMMUNITYENTERPRISES.COM						
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L Year of formation</b> 1975		<b>M State of legal domicile</b> MA	

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities TO SUPPORT SELF-DETERMINATION FOR INDIVIDUALS WITH DISABILITIES AND/OR OTHER CHALLENGES TO ACTIVELY LIVE, LEARN AND WORK IN THE COMMUNITY.	
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	18
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	18
<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	1,000
<b>6</b> Total number of volunteers (estimate if necessary)	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	-8,079
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	-4,081

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	15,655	79,280
<b>9</b> Program service revenue (Part VIII, line 2g)	16,043,112	16,205,774
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,464	1,330
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,449	13,966
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,063,680	16,300,350
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,980,020	11,816,615
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	11,453	
<b>17</b> Other expenses (Part IX, column (A), lines 11a, 11d, 11f-24e)	3,949,371	4,361,091
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	15,929,391	16,177,706
<b>19</b> Revenue less expenses Subtract line 18 from line 12	134,289	122,644
<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 4,885,607	End of Year: 5,480,862
<b>21</b> Total liabilities (Part X, line 26)	2,375,195	2,847,806
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	2,510,412	2,633,056

**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.

<b>Sign Here</b>	Signature of officer: <i>Richard W. Venne</i>	Date: 1/13/14
	Type or print name and title: Richard W. Venne, President / CEO	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name: ROBERT B. MCKAY	Preparer's signature: <i>Robert B. McKay</i>	Date: 12/23/13	Check <input type="checkbox"/> if self-employed	PTIN: P00020500
	Firm's name: LESTER HALPERN & COMPANY P.C.			Firm's EIN: 04-2653334	
	Firm's address: 14 BOBALA ROAD HOLYOKE, MA 01040			Phone no: 413-536-3970	

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

For Paperwork Reduction Act Notice, see the separate instructions.

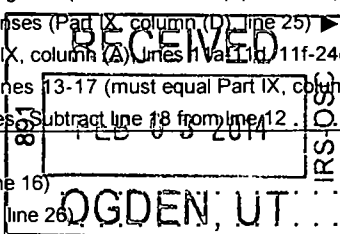
SCANNED FEB 20 2014

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances



917-20

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III  Yes  No

1 Briefly describe the organization's mission  
TO SUPPORT SELF-DETERMINATION FOR INDIVIDUALS WITH DISABILITIES  
AND/OR OTHER CHALLENGES TO ACTIVELY LIVE, LEARN AND WORK IN THE  
COMMUNITY.

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 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 \$ 9,103,588. including grants of \$ ) (Revenue \$ 10,185,349. )  
ATTACHMENT 1

4b (Code ) (Expenses \$ 5,305,262. including grants of \$ ) (Revenue \$ 6,020,420. )  
ATTACHMENT 2

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

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

4e Total program service expenses 14,408,850.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and reporting obligations.

**Part 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. . . . .		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. . . . .		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. . . . .	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25. . . . .		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
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? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. . . . .		X
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. . . . .		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. . . . .		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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. . . . .		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)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. . . . .		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. . . . .	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
b	If "Yes" to line 35a, 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. . . . .		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. . . . .		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. . . . .		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, response, Yes, and No. Includes questions 1a-14b regarding IRS filings, Form 990, and tax compliance.

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. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT, MA,
18 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. Own website, Another's website, [X] Upon request, Other (explain in Schedule O)
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 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 PAM ZAGORSKI 441 PLEASANT STREET NORTHAMPTON, MA 01060 413-584-1460

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

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

**Section A: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) APRIL ESTIS-CLARK DIRECTOR	2.00	X						0	0	0
(2) CRAIG GREENBERG DIRECTOR	2.00	X						0	0	0
(3) MARY BETH DAVIDSON DIRECTOR	2.00	X						0	0	0
(4) SONSERAE CICERO DIRECTOR	2.00	X						0	0	0
(5) ALBERT J. LOGNIN DIRECTOR	2.00	X						0	0	0
(6) DONALD MINER DIRECTOR	2.00	X						0	0	0
(7) DAVID STEIN DIRECTOR	2.00	X						0	0	0
(8) DONALD TRELLA DIRECTOR	2.00	X						0	0	0
(9) JOSEPH WENDOVER DIRECTOR	2.00	X						0	0	0
(10) STEPHANIE BURBINE DIRECTOR	2.00	X						0	0	0
(11) KARINA SCHRENGOYST DIRECTOR	2.00	X						0	0	0
(12) GAINER O'BRIEN DIRECTOR	2.00	X						0	0	0
(13) BRITTNEY KELLEHER DIRECTOR	2.00	X						0	0	0
(14) PAUL LAGASSE DIRECTOR	2.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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				
15) KATE LAMAY-MILLER DIRECTOR	2.00	X						0	0	0	
16) WILLIAM DONOHUE CHAIR	2.00	X		X				0	0	0	
17) JOANNE CARLISLE SECRETARY/CLERK	2.00	X		X				0	0	0	
18) MATHEW GEFFIN TREASURER	2.00	X		X				0	0	0	
19) RICHARD W. VENNE PRESIDENT	37.50			X			147,333.	0	12,707.		
<b>1b Sub-total</b>								0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>								147,333.	0	12,707.	
<b>d Total (add lines 1b and 1c)</b>								147,333.	0	12,707.	

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**

- 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
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**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
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns . . . . .	1a				
	b Membership dues . . . . .	1b				
	c Fundraising events . . . . .	1c				
	d Related organizations . . . . .	1d				
	e Government grants (contributions) . . . . .	1e				
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	79,280.			
	g Noncash contributions included in lines 1a-1f \$ . . . . .		6,420.			
	<b>h Total. Add lines 1a-1f . . . . .</b>		<b>79,280.</b>			
<b>Program Service Revenue</b>	<b>Business Code</b>					
	2a PROGRAM SERV. FEES . . . . .		14,442,805.	14,442,805.		
	b SALES-CLIENT SERV . . . . .		1,685,710.	1,685,710.		
	c OTHER PROGRAM INC. . . . .		15,246.	15,246.		
	d RENTAL INCOME . . . . .		62,013.	62,013.		
	e . . . . .					
	f All other program service revenue . . . . .					
	<b>g Total. Add lines 2a-2f . . . . .</b>		<b>16,205,774.</b>			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 4 . . . . .		1,330.		1,330.	
	4 Income from investment of tax-exempt bond proceeds . . . . .		0			
	5 Royalties . . . . .		0			
	6a Gross rents . . . . .	(i) Real				
		(ii) Personal				
			8,630.			
		b Less rental expenses . . . . .		16,709.		
	c Rental income or (loss) . . . . .		-8,079.			
	d Net rental income or (loss) . . . . .		-8,079.		-8,079.	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses . . . . .				
		c Gain or (loss) . . . . .				
	d Net gain or (loss) . . . . .		0			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	28,740.			
b Less direct expenses . . . . .		b	6,695.			
c Net income or (loss) from fundraising events . . . . .		ATTCH. 5	22,045.		22,045.	
9a Gross income from gaming activities See Part IV, line 19 . . . . .	a					
	b Less direct expenses . . . . .	b				
	c Net income or (loss) from gaming activities . . . . .		0			
10a Gross sales of inventory, less returns and allowances . . . . .	a					
	b Less cost of goods sold . . . . .	b				
	c Net income or (loss) from sales of inventory . . . . .		0			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11a . . . . .						
b . . . . .						
c . . . . .						
d All other revenue . . . . .						
e <b>Total. Add lines 11a-11d . . . . .</b>		0				
<b>12 Total revenue. See instructions . . . . .</b>		<b>16,300,350.</b>	<b>16,205,774.</b>	<b>-8,079.</b>	<b>23,375.</b>	

**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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21 . . . . .	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22 . . . . .	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16. . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	164,492.		164,492.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	9,282,449.	8,536,987.	745,462.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	293,556.	265,503.	28,053.	
9	Other employee benefits . . . . .	951,601.	836,116.	115,485.	
10	Payroll taxes . . . . .	1,124,517.	1,025,559.	98,958.	
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	21,612.		21,612.	
c	Accounting . . . . .	65,409.		65,409.	
d	Lobbying . . . . .	0			
e	Professional fundraising services See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) <b>ATCH 6</b> . . . . .	2,195,769.	1,972,553.	223,216.	
12	Advertising and promotion . . . . .	11,680.	8,821.	2,859.	
13	Office expenses . . . . .	394,633.	311,347.	78,082.	5,204.
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	616,076.	559,762.	56,314.	
17	Travel . . . . .	454,841.	441,634.	13,119.	88.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	43,585.	18,608.	24,977.	
20	Interest . . . . .	45,656.	25,225.	20,431.	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	232,644.	165,667.	65,955.	1,022.
23	Insurance . . . . .	131,778.	111,029.	20,749.	
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	<b>CLIENT EXPENSE</b> . . . . .	38,181.	38,181.		
b	<b>SUPPLIES</b> . . . . .	83,948.	79,254.	3,587.	1,107.
c	<b>BACKGROUND CHECKS</b> . . . . .	16,964.	12,019.	4,945.	
d	<b>STAFF AWARDS</b> . . . . .	2,844.		2,844.	
e	All other expenses . . . . .	5,471.	585.	854.	4,032.
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	16,177,706.	14,408,850.	1,757,403.	11,453.
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	8,225.	1 373,612.
	2	Savings and temporary cash investments	1,033,423.	2 975,785.
	3	Pledges and grants receivable, net	0	3 0
	4	Accounts receivable, net	1,707,216.	4 1,784,467.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5 0
	6	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 instructions) Complete Part II of Schedule L	0	6 0
	7	Notes and loans receivable, net	103,532.	7 103,532.
	8	Inventories for sale or use	34,700.	8 36,241.
	9	Prepaid expenses and deferred charges	84,492.	9 237,215.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,393,304.	
	b	Less accumulated depreciation	10b 3,433,403.	10c 1,959,901.
	11	Investments - publicly traded securities	0	11 0
	12	Investments - other securities See Part IV, line 11	0	12 0
	13	Investments - program-related See Part IV, line 11	0	13 0
	14	Intangible assets	0	14 0
	15	Other assets See Part IV, line 11	8,444.	15 10,109.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,885,607.	16 5,480,862.	
Liabilities	17	Accounts payable and accrued expenses	882,668.	17 872,940.
	18	Grants payable	0	18 0
	19	Deferred revenue	3,698.	19 7,193.
	20	Tax-exempt bond liabilities	0	20 0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21 0
	22	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	0	22 0
	23	Secured mortgages and notes payable to unrelated third parties	1,488,829.	23 1,967,673.
	24	Unsecured notes and loans payable to unrelated third parties	0	24 0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25 0
	26	<b>Total liabilities.</b> Add lines 17 through 25	2,375,195.	26 2,847,806.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	2,510,412.	27 2,588,056.
	28	Temporarily restricted net assets	0	28 45,000.
	29	Permanently restricted net assets	0	29 0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	<b>Total net assets or fund balances</b>	2,510,412.	33 2,633,056.
	34	<b>Total liabilities and net assets/fund balances</b>	4,885,607.	34 5,480,862.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,300,350.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,177,706.
3	Revenue less expenses Subtract line 2 from line 1	3	122,644.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,510,412.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
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	2,633,056.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes  No  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?  Yes  No  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 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 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
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  Yes  No
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**Public Charity Status and Public Support**

Department of the Treasury  
Internal Revenue Service

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.

<b>Name of the organization</b> COMMUNITY ENTERPRISES, INC.	<b>Employer identification number</b> 51-0178661
--	---

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

 (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		
11g(iii)		

 (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 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") . . . . .	12,029,318.	10,742,289.	11,066,453.	11,964,174.	12,499,888.	58,302,122.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
4 <b>Total.</b> Add lines 1 through 3 . . . . .	12,029,318.	10,742,289.	11,066,453.	11,964,174.	12,499,888.	58,302,122.
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). . . . .						0
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						58,302,122.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 . . . . .	12,029,318.	10,742,289.	11,066,453.	11,964,174.	12,499,888.	58,302,122.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	4,614.	2,469.	1,296.	1,464.	1,330.	11,173.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	3,553,492.	5,239,070.	5,201,358.	4,098,036.	3,799,132.	21,891,088.
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						80,204,383.
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	13,720,005.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	72.69%
15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	15	73.79%
16a <b>33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support (Add lines 9, 10c, 11, and 12).

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. [ ]

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2011 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ]

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions [ ]

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
PROGRAM SERVICE FEES, ETC.	3,553,492.	5,239,070.	5,201,358.	4,098,036.	3,799,132.	21,891,088.
<b>TOTALS</b>	<u>3,553,492.</u>	<u>5,239,070.</u>	<u>5,201,358.</u>	<u>4,098,036.</u>	<u>3,799,132.</u>	<u>21,891,088.</u>

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

COMMUNITY ENTERPRISES, INC.

Employer identification number

51-0178661

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Rows include purpose(s) of easements, total number and acreage, and monitoring details.

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

Table with 3 columns: Line number, Description, and Amount. Rows include questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2012

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

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?

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?

b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance)

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-I), and Total.

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows (1) through (10) and Total.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (10) and Total.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1: Federal income taxes. Rows (2) through (11) and Total.

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 liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. [X]

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements		1	16,353,446.
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 XIII)	2d	44,938.	
e	Add lines 2a through 2d		2e	44,938.
3	Subtract line 2e from line 1		3	16,308,508.
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 XIII)	4b	-8,158.	
c	Add lines 4a and 4b		4c	-8,158.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	16,300,350.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		1	16,260,432.
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 XIII)	2d	82,726.	
e	Add lines 2a through 2d		2e	82,726.
3	Subtract line 2e from line 1		3	16,177,706.
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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	16,177,706.

**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

SEE PAGE 5

TEXT

**Part XIII** Supplemental Information (continued)

FORM 990, SCHEDULE D

PAGE 4, PART XI, LINE 4B

CONSULTANTING FEES	\$15,246
RENT EXPENSE	\$(16,709)
SPECIAL EVENTS EXPENSE	\$(6,695)
TOTAL	\$(8,158)

FORM 990, SCHEDULE D

PAGE 4, PART XII, LINE 2D

SUBSIDIARIES EXPENSES	\$59,322
RENT EXPENSE	\$16,709
SPECIAL EVENTS EXPENSE	\$6,695
TOTAL	\$82,726

FORM 990, SCHEDULE D

PART X

COMMUNITY ENTERPRISES, INC. IS A NOT-FOR-PROFIT CORPORATION AND HAS BEEN RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ACCORDINGLY DOES NOT RECORD A PROVISION FOR INCOME TAXES ON IT'S EARNINGS. COMMUNITY ENTERPRISES FOLLOWS THE ACCOUNTING STANDARD "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES." THIS STANDARD PRESCRIBES HOW AN ENTITY SHOULD MEASURE, RECOGNIZE, PRESENT AND DISCLOSE POSITIONS THAT IT HAS TAKEN OR EXPECTS TO TAKE ON ITS TAX OR INFORMATION RETURNS. COMMUNITY ENTERPRISES, INC. REGULARLY REVIEWS AND EVALUATES THE TAX POSITIONS TAKEN IN PREVIOUSLY FILED INFORMATION RETURNS AND AS REFLECTED IN ITS FINANCIAL STATEMENTS, WITH REGARD TO ISSUES

**Part XIII** Supplemental Information (continued)

AFFECTING THEIR RESPECTIVE TAX EXEMPT STATUS, UNRELATED BUSINESS INCOME AND RELATED MATTERS. COMMUNITY ENTERPRISES, INC. IS SUBJECT TO VARIOUS FEDERAL AND STATE TAX EXAMINATIONS FOR THE YEARS ENDED JUNE 30, 2010 THROUGH 2013. PENALTIES AND INTEREST, IF ANY, ASSESSED BY TAX AUTHORITIES WILL BE INCLUDED IN OPERATING EXPENSES. THE ORGANIZATION BELIEVES THAT IN THE EVENT OF AN EXAMINATION BY TAXING AUTHORITIES, ITS POSITION WOULD PREVAIL BASED UPON THE TECHNICAL MERIT OF SUCH POSITIONS. THEREFORE, COMMUNITY ENTERPRISES, INC. HAS CONCLUDED THAT NO TAX BENEFITS OR LIABILITIES ARE REQUIRED TO BE RECOGNIZED.

FORM 990 , SCHEDULE D

PAGE 4, PART XI, LINE 2D

SUBSIDIARIES INCOME      \$44,939



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNAMENT (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . . .	28,740.		28,740.
	2	Less Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .	28,740.		28,740.
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	6,695.		6,695.
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			( 6,695.)
11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶			22,045.	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue . . . . .		
Direct Expenses	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %
7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				( _____ )
8	Net gaming income summary Combine line 1, column d, and line 7 . . . . . ▶				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

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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, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization  
**COMMUNITY ENTERPRISES, INC.**

Employer identification number  
**51-0178661**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate 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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**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? . . . . .

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations 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? . . . . .
- b** Any related organization? . . . . .
- 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? . . . . .
- b** Any related organization? . . . . .
- 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 . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2012

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RICHARD W. VENNE PRESIDENT	(i)	147,333.	0	0	12,707.	160,040.	0
	(ii)	0	0	0	0	0	0
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY ENTERPRISES, INC.

Employer identification number

51-0178661

FORM 990, PART VI

SECTION B, LINE 11A

BEFORE THE FORM 990 IS FILED, EACH BOARD MEMBER IS MAILED A PACKET  
CONTAINING THE ORGANIZATIONS' CONSOLIDATED FINANCIAL STATEMENTS AND THE  
FORM 990. THE AUDIT AND RELATED FORMS ARE THEN PRESENTED TO THE BOARD BY  
THE AGENCYS' CPA.

FORM 990, PART VI

SECTION B, LINE 12C

SEE ATTACHED PROCEDURES

FORM 990, PART VI

SECTION B, LINE 15

COMMUNITY ENTERPRISES, INC.'S SALARY STRUCTURE AND COMPENSATION IS  
REVIEWED YEARLY BASED ON INFORMATION AND SALARY SURVEYS PROVIDED BY  
VARIOUS ASSOCIATIONS. IF CHANGES TO THE SALARY STRUCTURE ARE WARRANTED  
OR MANDATED BY THE STATE FUNDING SOURCES, THE ORGANIZATION'S HUMAN  
RESOURCE DEPARTMENT DEVELOPS A COMPENSATION PLAN CONSIDERING ALL  
POSITIONS, INCLUDING THE EXECUTIVE DIRECTOR/PRESIDENT AND OTHER TOP  
MANAGEMENT POSITIONS. ALL RECOMMENDATIONS FOR CHANGES IN SALARY  
STRUCTURE AND COMPENSATION ARE REVIEWED BY THE SENIOR MANAGEMENT TEAM.  
THE BOARD OF DIRECTORS WILL THEN REVIEW AND VOTE TO ACCEPT ANY CHANGES TO  
THE COMPENSATION PLAN.

Name of the organization COMMUNITY ENTERPRISES, INC.	Employer identification number 51-0178661
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FORM 990, PART VI

SECTION C, LINE 19

UPON REQUEST.

FORM 990, SCHEDULE R

PAGE 1, PART II, COLUMN B

PLEASANT PITTSFIELD, INC. PROVIDES ELDERLY AND HANDICAPPED PERSONS WITH HOUSING FACILITIES, LOCATED IN PITTSFIELD, MASSACHUSETTS, AND SERVICES SPECIFICALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

COMMUNITY ENTERPRISES, INC. OFFERS SPECIALIZED COMMUNITY-BASED SERVICES TO PEOPLE WITH PSYCHIATRIC AND DEVELOPMENTAL DISABILITIES. COMMUNITY ENTERPRISES, INC.'S EMPLOYMENT AND TRAINING SYSTEM UTILIZES A RANGE OF CONTEMPORARY SUPPORTED EMPLOYMENT MODELS AS WELL AS MORE INNOVATIVE AND EXPERIMENTAL APPROACHES. THESE INCLUDE JOB COACHED INDIVIDUAL PLACEMENTS, TRANSITIONAL ON-THE-JOB SKILL TRAINING SITES, ENCLAVES, MOBILE CREWS, SMALL ENTREPRENEURIAL BUSINESSES AND SPECIAL COLLEGE-BASED TRAINING AND EDUCATION PROGRAMS. ALL EMPLOYMENT MODELS THAT WE USE INCORPORATE NATURAL SUPPORTS (OF COWORKERS AND SUPERVISORS) AS A PRIMARY PROGRAM COMPONENT SO INDIVIDUALS ARE MORE LIKELY TO SUSTAIN JOB PLACEMENTS AFTER THE PROGRAM SUPPORT EVENTUALLY ENDS. COMMUNITY ENTERPRISES, INC. SERVED 125 CONSUMERS IN NEW YORK, 382 CONSUMERS IN CONNECTICUT, AND 757 CONSUMERS IN MASSACHUSETTS

Name of the organization COMMUNITY ENTERPRISES, INC.	Employer identification number 51-0178661
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ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4B

COMMUNITY ENTERPRISES, INC. PROVIDED RESIDENTIAL SUPPORT SERVICES TO APPROXIMATELY 377 CONSUMERS IN MASSACHUSETTS AND 49 CONSUMERS IN CONNECTICUT. THESE SERVICES FOR ADULTS WITH DISABILITIES FOCUS PRIMARILY ON SUPPORTING INDIVIDUALS IN THEIR OWN HOMES, APARTMENTS OR, IN THE CASE OF ADULT FOSTER CARE, THE HOMES OF COMMUNITY MEMBERS. ALL CONSUMERS HAVE "SUPPORTED LIVING" PLANS THAT INCLUDE GOALS THAT NOT ONLY STRIVE TO MAINTAIN THEIR PLACEMENTS IN COMMUNITY SETTINGS, BUT ALSO TO MAXIMIZE THEIR STRENGTHS AND WORK ON WEAKNESSES TO INCREASE THEIR INDEPENDENCE. FUNDING COMES FROM A NUMBER OF STATE AGENCIES INCLUDING BUT NOT LIMITED TO, THE DEPARTMENT OF MENTAL HEALTH, THE DEPARTMENT OF DEVELOPMENTAL SERVICES, THE MASSACHUSETTS REHABILITATION COMMISSION AND THE MASSACHUSETTS COMMISSION FOR THE BLIND.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PARAGUS STRATEGIC IT 84 RUSSELL STREET HADLYE, MA 01035	COMPUTER TECH CONSUL	216,939.

Name of the organization COMMUNITY ENTERPRISES, INC.	Employer identification number 51-0178661
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ATTACHMENT 4FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	1,330.			1,330.
TOTALS	<u>1,330.</u>			<u>1,330.</u>

ATTACHMENT 5FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENTS	28,740.	6,695.	22,045.
TOTALS	<u>28,740.</u>	<u>6,695.</u>	<u>22,045.</u>

ATTACHMENT 6FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
PAYROLL PROCESSING	155,707.	85,837.	69,870.	
DIRECT CARE CONSULTANTS	416,285.	416,285.		
STIPENDS	1,470,431.	1,470,431.		
TELECOMMUNICATIONS	115,177.		115,177.	
BUSINESS MGT/MARKETING/DEVELOP	38,169.		38,169.	
TOTALS	<u>2,195,769.</u>	<u>1,972,553.</u>	<u>223,216.</u>	

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMUNITY ENTERPRISES, INC.

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

**Related Organizations and Unrelated Partnerships**

**2012**

Open to Public  
Inspection

Employer identification number  
51-0178661

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PLEASANT PITTSFIELD, INC. 441 PLEASANT STREET NORTHAMPTON, MA 01060 22-3412273	SEE SCHED O	MA	501 (C) (3)	LINE 9	N/A		X
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2012

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

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

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

		Yes	No
<b>1</b>	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b>	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .	X	
<b>b</b>	Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b>	Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b>	Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b>	Loans or loan guarantees by related organization(s) . . . . .	X	
<b>f</b>	Dividends from related organization(s) . . . . .		X
<b>g</b>	Sale of assets to related organization(s) . . . . .	X	
<b>h</b>	Purchase of assets from related organization(s) . . . . .	X	
<b>i</b>	Exchange of assets with related organization(s) . . . . .	X	
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s) . . . . .	X	
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b>	Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b>	Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b>	Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b>	Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b>	Other transfer of cash or property from related organization(s) . . . . .		X

		(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>2</b>	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds				
<b>(1)</b>	PLEASANT PITTSFIELD, INC	D-LOAN	103,532.	CASH LOANED	
<b>(2)</b>	PLEASANT PITTSFIELD, INC.	E-GUARANTE	77,139.	LOAN BALANCE	
<b>(3)</b>					
<b>(4)</b>					
<b>(5)</b>					
<b>(6)</b>					

**Part VI** Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

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**Part VII** **Supplemental Information**

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

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SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME

8,630.

8,630.

OTHER DEDUCTIONS

INSURANCE

1,090.

LEGAL AND OTHER PROFESSIONAL FEES

555.

SUPPLIES

9,123.

TAXES

2,330.

13,098.

RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
NONRESIDENTIAL RENTA	8,630.	3,611.	13,098.	-8,079.
TOTALS	<u>8,630.</u>	<u>3,611.</u>	<u>13,098.</u>	<u>-8,079.</u>

**Community Enterprises, Inc.  
Board of Directors/Senior Management  
Conflict of Interest Policy**

**I. Application of Policy**

This policy is intended to supplement, but not replace, federal and state laws governing conflicts of interest applicable to nonprofit corporations. It applies to board members and staff with significant decision-making authority. Persons covered under this policy, as well as their relatives and associates, are hereinafter referred to as "interested parties."

**II. Conflict of Interest**

A conflict of interest may exist when the interests or concerns of an interested party may be seen as competing with the interests or concerns of Community Enterprises. There are a variety of situations that raise conflict of interest concerns including, but not limited to, the following:

**A. Financial Interests** - A conflict may exist where an interested party directly or indirectly benefits or profits as a result of a decision, policy or transaction made by Community Enterprises. Examples include situations where:

- Community Enterprises contracts to purchase or lease goods, services, or properties from an interested party.
- Community Enterprises offers employment or compensation to an interested party or an entity with which the interested party has a direct or indirect financial interest, other than a person who is already employed by Community Enterprises
- An interested party is provided with a gift, gratuity, or favor of a substantial nature from a person or entity that does business or seeks to do business with Community Enterprises.
- An interested party is gratuitously provided use of the facilities, property, or services of Community Enterprises.
- Community Enterprises adopts a policy that financially benefits an interested party.

A financial interest is not necessarily a conflict of interest. A financial conflict of interest exists only when the board decides a person with a financial interest has a conflict of interest.

**B. Other Interests** - A conflict also may exist where an interested party obtains a non-financial benefit or advantage that he/she would not have obtained absent his/her relationship with Community Enterprises.

Examples include where:

- An interested party seeks to obtain preferential treatment by Community Enterprises or recognition for himself/herself or another interested party.

- An interested party seeks to make use of confidential information obtained from Community Enterprises for his/her own benefit (not necessarily financial) or for the benefit of another interested party.
- An interested party seeks to take advantage of an opportunity or enables another interested person or other organization to take advantage of an opportunity that he/she has reason to believe would be of interest to Community Enterprises.
- Community Enterprises adopts a policy that provides a significant non-financial benefit to an interested party.

A conflict of interest exists only when the Board of Directors decides there is a conflict.

### **III. Disclosure of Potential Conflicts of Interest**

An interested party is under a continuing obligation to disclose any potential conflict of interest as soon as it is known or reasonably should be known. An interested party shall complete the Questionnaire attached as Appendix A to fully and completely disclose the material facts about any potential conflicts of interest. The disclosure statement and Affirmation of Compliance (Appendix B) shall be submitted upon his/her association with Community Enterprises, and shall be reviewed annually thereafter. An additional disclosure statement shall be filed whenever a potential conflict arises.

Disclosure statements will be submitted as follows. For board members, the disclosure statements shall be provided to the Chair of the board. The Chair's disclosure statement shall be provided to the Secretary of the board or its equivalent. Copies also shall be provided to the President/CEO of Community Enterprises.

In the case of staff with significant decision-making authority, the disclosure statements shall be provided to the President/CEO of Community Enterprises. In the case of the President/CEO, the disclosure statement shall be provided to the Chair of the Board.

In all cases, the recipient is the designated reviewing official responsible for bringing potential conflicts to the attention of the appropriate authorities. The Secretary of the Board of Directors shall file copies of all disclosure statements with the official corporate records of Community Enterprises.

### **IV. Procedures for Review of Potential Conflicts**

Whenever there is reason to believe that a potential conflict of interest exists between Community Enterprises and a Board member, the Executive Director or other interested party, the Board of Directors shall determine the appropriate response. This shall include, but not necessarily be limited to, invoking the procedures described below with respect to a specific proposed action, policy or transaction. The designated reviewing official has a responsibility to bring a potential conflict of interest to the

attention of the board promptly for action at the next regular meeting of the board or during a special meeting called specifically to review the potential conflict of interest.

Where the potential conflict involves an employee of Community Enterprises other than the President/CEO, the President/CEO shall be responsible for reviewing the matter and may take appropriate action as necessary to protect the interests of Community Enterprises. The President/CEO shall report to the Chair the results of any review and the action taken. The Chair shall determine whether any further board review or action is required.

#### **V. Procedures for Addressing Conflicts of Interest**

Where a potential conflict exists between the interests of Community Enterprises and an interested party with respect to a specific proposed action, policy or transaction, the Board of Directors shall consider the matter during a meeting of the board. Community Enterprises shall refrain from acting until such time as the proposed action, policy or transaction has been approved by the disinterested members of the Board of Directors of Community Enterprises. The following procedures shall apply:

An interested party who has a potential conflict of interest with respect to a proposed action, policy or transaction of the corporation shall not participate in any way in, or be present during, the deliberations and decision-making vote of Community Enterprises with respect to such action, policy or transaction. However, the interested party shall have an opportunity to provide factual information about the proposed conflict and/or action, policy or transaction. Also, the board may request that the interested party be available to answer questions.

- The disinterested members of the Board of Directors may approve the proposed action, policy or transaction upon finding that it is in the best interests of Community Enterprises. The board shall consider whether the terms of the proposed action, transaction or policy are fair and reasonable to Community Enterprises and whether it would be possible, with reasonable effort, to find a more advantageous arrangement with a party or entity that is not an interested party.
- Approval by the disinterested members of the Board of Directors shall be by vote of a majority of directors in attendance at a meeting at which a quorum is present. An interested party shall not be counted for purposes of determining whether a quorum is present, nor for purposes of determining what constitutes a majority vote of directors in attendance.
- The minutes of the meeting shall reflect that the conflict disclosure was made to the board, the vote taken and, where applicable, the abstention from voting and participation by the interested party. Whenever possible, the minutes should frame the decision of the

board in such a way that it provides guidance for consideration of future conflict of interest situations.

#### **VI. Documentation**

The minutes of the governing board and all committees with board delegated powers shall contain:

- a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
- b. The names of the persons who were present for discussion and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

#### **VII. Violations of Conflict of Interest Policy**

If the Board of Directors has reason to believe that an interested party has failed to disclose a potential conflict of interest, it shall inform the person of the basis for such belief and allow the person an opportunity to explain the alleged failure to disclose.

If the board decides that the interested party has in fact failed to disclose a possible conflict of interest, the board shall take such disciplinary and corrective action as the board shall determine.

Board Approved:            May 22, 2006

**APPENDIX A**

**Community Enterprises, Inc.  
Conflict of Interest  
Disclosure Questionnaire**

Please complete the questionnaire below, indicating any potential conflicts of interest. If you answer "yes" to any of the questions, please provide a written description of the details of the specific action, policy or transaction in the space allowed. Attach additional sheets as needed.

**Financial Interests** - A conflict may exist where an interested party, directly or indirectly benefits or profits as a result of a decision, policy or transaction made by Community Enterprises. During the past 12 months (for each yes response, please describe on a separate page.):

- 0
- |    |   |                             |        |
|----|---|-----------------------------|--------|
| 1. | Has Community Enterprises proposed to contract or contracted to purchase or lease goods, services, or property from you or from any of your relatives or associates?  | <input type="checkbox"/> ON | Yes No |
| 2. | Has Community Enterprises offered employment to you (not applicable to existing staff) or to any of your relatives or associates?   | <input type="checkbox"/> ON | Yes No |
| 3. | Have you, or any of your relatives or associates, been provided with a gift, gratuity or favor of a substantial nature from a person or entity that does business or seeks to do business with Community Enterprises? | <input type="checkbox"/> ON | Yes No |
| 4. | Have you or any of your relatives or associates been gratuitously provided use of the facilities, property, or services of Community Enterprises?   | <input type="checkbox"/> ON | Yes No |
| 5. | Have you, a relative or an associate in a position to benefit financially from an action, policy or transaction made by Community Enterprises?  | <input type="checkbox"/> ON | Yes No |

**Other Interests** - A conflict may also exist where an interested party obtains a non-financial benefit or advantage that he/she would not have obtained absent his/her relationship with Community Enterprises, or where his/her duty or responsibility owed to Community Enterprises conflicts with a duty or responsibility owed to some other organization.

Please indicate if at anytime during the past twelve months (for each yes response, please describe on a separate page.)

- 1
- |    |  |                             |        |
|----|--|-----------------------------|--------|
| 1. | Did you obtain preferential treatment, promotion, recognition or a non-salaried appointment as a consequence of your association with Community Enterprises for yourself or for any of your relatives or associates? | <input type="checkbox"/> ON | Yes No |
| 2. | Did you make use of confidential information obtained from Community Enterprises for your own benefit or for the benefit of a relative, associate, or other organization?  | <input type="checkbox"/> ON | Yes No |
| 3. | Did you take advantage of an opportunity or enable a relative, associate or other organization to take advantage of an opportunity that you had reason to believe would be of interest to Community Enterprises?     | <input type="checkbox"/> ON | Yes No |
| 4. | Have you, a relative or an associate in a position to benefit in a nonfinancial way from an action, policy or transaction made by Community Enterprises?   | <input type="checkbox"/> ON | Yes No |

Name Signature Date

**APPENDIX B**

**Community Enterprises, Inc.  
Conflict of Interest  
Affirmation of Compliance**

I have received and carefully read the Conflict of Interest Policy for board members and staff with significant decision making authority of Community Enterprises and have considered not only the literal expression of the policy, but also its intent. By signing this affirmation of compliance, I hereby affirm that I understand and agree to comply with the Conflict of Interest Policy. I further understand that Community Enterprises is a nonprofit organization and that in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its tax-exempt purposes without personal inurement (other than by salary) by board members or staff.

Except as otherwise indicated in the Disclosure Questionnaire and attachments below, I hereby state that I do not have any conflict of interest, financial or otherwise that may be seen as competing with the interests of Community Enterprises, nor does any relative or associate have such a potential conflict of interest. Nor shall I, any relative or associate benefit from any action, policy or transaction made by Community Enterprises in a manner that has not been previously disclosed.

If any situation should arise in the future that I think may involve me in a conflict of interest, I will promptly and fully disclose in writing the circumstances to the Chair of the Board of Directors of Community Enterprises or to the President/CEO, as applicable.

I further certify that the information set forth in the Disclosure Statement and attachments, if any, is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Annual Review and Reaffirmation

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions <b>COMMUNITY ENTERPRISES, INC.</b>	Employer identification number (EIN) or <b>51-0178661</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>441 PLEASANT STREET</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>NORTHAMPTON, MA 01060</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	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

- The books are in the care of ► PAM ZAGORSKI

Telephone No ► 413 584-1460 FAX No ► 413 586-1121

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/17, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for

►  calendar year 20\_\_\_\_ or

►  tax year beginning 07/01, 2012, and ending 06/30, 2013

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b> \$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b> \$
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b> \$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**