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Part IIIStatement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1	Briefly describe the organization’s mission				
OUR MISSION IS TO MOBILIZE AND COORDINATE PUBLIC AND PRIVATE RESOURCES TO ADDRESS THE BASIC NEEDS OF LOW-INCOME PEOPLE AND ASSIST THEM IN ATTAINING THE SKILLS, KNOWLEDGE, MOTIVATION AND OPPORTUNITIES NEEDED TO BECOME ECONOMICALLY SELF-SUFFICIENT					
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?				
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?				
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 \$ 1,728,585	including grants of \$	(Revenue \$ 1,487,702 )	
SEE SCHEDULE O CHILDHOOD DEVELOPMENT PROGRAMRECAP HEAD START IS A FEDERALLY FUNDED PROGRAM FOR PRESCHOOL CHILDREN FROM LOW-INCOME FAMILIES WHO ARE AGED THREE TO FIVE YEARS THE MISSION IS TO PREPARE CHILDREN FOR SUCCESS IN SCHOOL THROUGH A COMPREHENSIVE FAMILY PROGRAM CHILDREN WHO HAVE ANY HEALTH AND/OR DEVELOPMENTAL CONCERNS ARE LINKED TO AN ONGOING SOURCE OF CONTINUOUS AND ACCESSIBLE CARE WITH ANY CONCERN MET, A CHILD IS ABLE TO TAKE ADVANTAGE OF OUR SAFE, NURTURING, ENGAGING, AND ENJOYABLE LEARNING ENVIRONMENT THE VARIED EXPERIENCES PROVIDED BY THE PROGRAM SUPPORTS THE PHYSICAL, SOCIAL, EMOTIONAL, AND COGNITIVE DEVELOPMENT OF EACH CHILD THEY ARE ABLE TO GAIN THE AWARENESS, SKILLS, AND CONFIDENCE NECESSARY TO SUCCEED IN THEIR PRESENT ENVIRONMENT, AND TO DEAL WITH LATER RESPONSIBILITIES IN SCHOOL AND IN LIFE EACH CHILD IS TREATED AS AN INDIVIDUAL IN AN INCLUSIVE COMMUNITY THAT VALUES, RESPECTS, AND RESPONDS TO DIVERSITY ADDITIONALLY, THE PROGRAM OFFERS THE PARENT THE OPPORTUNITY AND THE SUPPORT TO GROW WITH ASSISTANCE FROM THE COMPASSIONATE STAFF AT HEAD START THEY ARE ABLE TO IDENTIFY THEIR OWN STRENGTHS, NEEDS AND INTERESTS, AND FIND THEIR OWN SOLUTIONS IN THE FISCAL YEAR 2012-2013, 196 PRESCHOOL STUDENTS WERE ENROLLED, 10% WITH SPECIAL NEEDS, IN THREE LOCATIONS MIDDLETOWN, PORT JERVIS AND SCOTCHTOWN ANNUAL CHILD READINESS GOALS ARE ESTABLISHED AND MEASURED USING THE HEAD START FRAMEWORK, NYS EARLY LEARNING STANDARDS, CREATIVE CURRICULUM, AND ANALYSIS OF TEACHING STRATEGIES GOLD EARLY CHILDHOOD ASSESSMENT DATA DURING THE 2012 - 2013 PROGRAM YEAR, ALL RECAP HEAD START CHILDREN MADE PROGRESS (FROM BASELINE ASSESSMENTS) TOWARD ALL 17 READINESS GOALS IN COMPARISON TO THE NATIONAL NORMATIVE SAMPLE - 92 4% OF ALL RECAP HEAD START CHILDREN MET OR EXCEEDED GOALS IN SOCIAL EMOTIONAL READINESS (FIGURE AT THE BEGINNING OF THE ENROLLMENT YEAR WAS 42 9%) - 95 2% OF ALL RECAP HEAD START CHILDREN MET OR EXCEEDED GOALS IN PHYSICAL READINESS (FIGURE AT THE BEGINNING OF THE ENROLLMENT YEAR WAS 41 8%) - 89 5% OF ALL RECAP HEAD START CHILDREN MET OR EXCEEDED GOALS IN LANGUAGE READINESS (FIGURE AT THE BEGINNING OF THE ENROLLMENT YEAR WAS 44 9%) - 88 6% OF ALL RECAP HEAD START CHILDREN MET OR EXCEEDED GOALS IN COGNITIVE READINESS (FIGURE AT THE BEGINNING OF THE ENROLLMENT YEAR WAS 35 7%) - 83 8% OF ALL RECAP HEAD START CHILDREN MET OR EXCEEDED GOALS IN LITERACY READINESS (FIGURE AT THE BEGINNING OF THE ENROLLMENT YEAR WAS 29 6%) - 85 7% OF ALL RECAP HEAD START CHILDREN MET OR EXCEEDED GOALS IN MATHEMATICS (FIGURE AT THE BEGINNING OF THE ENROLLMENT YEAR WAS 8 2%) ADDITIONALLY, ALL RECAP HEAD START CHILDREN EXCEEDED THE "GOLD READINESS BENCHMARK" SCORES IN ALL AREAS OF SCHOOL READINESS GOLD'S BENCHMARK IN SOCIAL EMOTIONAL READINESS WAS 595, RECAP'S SCORE 683 4, GOLD'S BENCHMARK IN PHYSICAL READINESS WAS 592, RECAP'S SCORE 663 8, GOLD'S BENCHMARK IN LANGUAGE READINESS WAS 597, RECAP'S SCORE 691 3, GOLD'S BENCHMARK IN COGNITIVE READINESS WAS 609, RECAP'S SCORE 700 1, GOLD'S BENCHMARK IN LITERACY READINESS WAS 599, RECAP'S SCORE 662, AND GOLD'S BENCHMARK IN MATHEMATICS READINESS WAS 641, RECAP'S SCORE 667 8 IN 2012-2013 DATA SHOWS THAT 86% OF FAMILIES IN RECAP HEAD START PROGRESSED TOWARD OR ACHIEVED THEIR GOALS BY SPRING 2013 THERE WERE 307 GOALS SET DURING THE PROGRAM YEAR, 78 GOALS WERE SET IN FAMILY LIFE PRACTICES, 63 GOALS WERE SET IN SUPPORT FOR CHILDREN, 122 GOALS WERE SET IN FAMILY SELF-SUFFICIENCY (IN ADDITION TO THE BASIC SUPPORT TO ADDRESS FAMILY CRISES OR HIGH RISK BEHAVIORS), AND 44 GOALS WERE SET IN SUPPORT FOR FAMILY MEMBERS IN THE AREA OF FAMILY SELF-SUFFICIENCY, 10 OUT OF 15 FAMILIES MADE PROGRESS OR ACHIEVED THEIR GOALS IN HOUSING, 9 OUT OF 10 FAMILIES MADE PROGRESS OR ACHIEVED THEIR GOALS IN TRANSPORTATION, 20 OUT OF 24 FAMILIES MADE PROGRESS OR ACHIEVED THEIR GOALS IN EMPLOYMENT, 22 OUT OF 27 FAMILIES MADE PROGRESS OR ACHIEVED THEIR GOALS IN EDUCATION, 21 OUT OF 24 MADE PROGRESS OR ACHIEVED THEIR GOALS IN ACCULTURATION, 2 OUT OF 3 MADE PROGRESS OR MET THEIR GOALS IN CHILDCARE, AND 15 OUT OF 19 MADE PROGRESS OR ACHIEVED THEIR GOALS IN FAMILY FINANCES					
4b	(Code )	(Expenses \$ 1,341,388	including grants of \$	(Revenue \$ 27,799 )	
SEE SCHEDULE O ENERGY SERVICESRECAP'S ENERGY CONSERVATION SERVICES DIVISION ASSISTS LOW-INCOME HOUSEHOLDS BY REDUCING THEIR ENERGY COSTS AND IMPROVING THE COMFORT AND SAFETY OF THEIR HOMES THROUGH ENERGY EFFICIENCY RETROFITS THE WORK TYPICALLY INCLUDES AIR SEALING, WALL AND CEILING INSULATION, HEATING SYSTEM SERVICE OR REPLACEMENT, HOT WATER TANK AND PIPE INSULATION, AND ELECTRIC REDUCTION MEASURES, PARTICULARLY LIGHTING AND REFRIGERATOR REPLACEMENTS ONSITE ENERGY CONSERVATION EDUCATION PROVIDES PROGRAM PARTICIPANTS WITH ADDITIONAL STRATEGIES FOR MANAGING THEIR ENERGY COSTS DURING FISCAL YEAR 2013/2014, THE DIVISION'S PRIMARY FUNDING SOURCES WERE THE NATIONAL WEATHERIZATION ASSISTANCE PROGRAM, AND NYSERDA'S EMPOWER PROGRAM THROUGH THOSE PROGRAMS THE ENERGY CONSERVATION SERVICES DIVISION SERVED APPROXIMATELY 100 HOUSING UNITS ALSO, THE DIVISION USED FUNDS FROM THE OFFICE OF TEMPORARY DISABILITY ASSISTANCE TO SERVE AN ADDITIONAL 11 HOUSEHOLDS BY PROVIDING AIR CONDITIONING TO PERSONS THAT NEEDED AIR CONDITIONING FOR MEDICAL REASONS NATIONWIDE, HOUSEHOLDS THAT RECEIVE WEATHERIZATION SERVICES SEE \$250-\$480 ANNUALLY IN ENERGY SAVINGS THE WEATHERIZATION ASSISTANCE PROGRAM ALSO HELPS THE COUNTRY REDUCE ITS DEPENDENCE ON FOREIGN OIL AND REDUCE CARBON EMISSIONS THOUSANDS OF LOCAL SUPPLY-SIDE AMERICAN BUSINESSES AND CONTRACTORS ARE SUPPORTED BY THE WEATHERIZATION ASSISTANCE PROGRAM					
4c	(Code )	(Expenses \$ 1,894,567	including grants of \$	(Revenue \$ )	
SEE SCHEDULE O COUNTY SERVICESORANGE COUNTY THE ORANGE COUNTY PROGRAMS CONSIST OF THREE PRIMARY INITIATIVES, INCLUDING JOB TRAINING AND PLACEMENT, ASSESSMENTS FOR FAMILIES SEEKING PUBLIC ASSISTANCE, AND SAFELY REINTEGRATING PAROLEES BACK INTO THE COMMUNITY JOB TRAINING WITH FRESH START THE CAFE'S ON-SITE CULINARY ARTS PROGRAMS TAKES ON ANNUAL BASIS APPROXIMATELY 40 LONG-TERM WELFARE RECIPIENTS FROM THE LOCAL COMMUNITY AND TEACH THEM THE SKILLS REQUIRED TO SEIZE A SUCCESSFUL CAREER IN THE FOOD SERVICE INDUSTRY EACH APPRENTICE IS EXTENSIVELY TRAINED IN BOTH FRONT AND BACK OF HOUSE DUTIES WITH EMPHASIS ON SAFETY AND SANITARY FOOD HANDLING AFTER ONLY A FEW WEEKS IN THE PROGRAM MOST APPRENTICES CAN COMFORTABLY TAKE ON ANY BASIC TASK IN A COMMERCIAL KITCHEN IN ADDITION TO CULINARY SKILLS, TRAINEES LEARN THE SOFT SKILLS REQUIRED FOR LONG TERM EMPLOYMENT EACH YEAR APPROXIMATELY 80% OF THE APPRENTICES EXPERIENCE SUCCESSFUL OUTCOMES BY SECURE EMPLOYMENT AND OR REMAIN IN THE PROGRAM IN HOUSE APPLICATION PROCESS CONTRACTED THROUGH THE ORANGE COUNTY DEPARTMENT OF SOCIAL SERVICES, RECAP'S IHAP CASE MANAGERS PROVIDE A STRENGTH-BASED ASSESSMENT AT LEAST 1,874 FAMILIES DURING A HOME VISIT WHICH COVERS THE FINANCIAL, EDUCATIONAL, VOCATIONAL, PSYCHOLOGICAL, SOCIAL, HOUSING, LEGAL, FAMILY, MEDICAL, AND SAFETY ISSUES FACED BY APPLICANT REQUESTING PUBLIC ASSISTANCE THE INTENT OF THE PROGRAM IS TO IDENTIFY LOCAL SOLUTIONS TO FAMILIES WITH A NEED FOR TEMPORARY ASSISTANCE PAROLE RE-ENTRY PROGRAM THE PAROLE RE-ENTRY PROGRAM PROMOTES ANNUALLY THE EFFECTIVE REINTEGRATION OF 199 OFFENDERS BACK INTO COMMUNITIES UPON RELEASE FROM INCARCERATION USING A COMPREHENSIVE CASE MANAGEMENT APPROACH PARTICIPANTS ARE HELPED TO ACQUIRE HOUSING, JOB TRAINING, EDUCATION, JOBS AND THE LIFE SKILLS NEEDED TO SUCCEED IN THE COMMUNITY AND BECOMING LAW-ABIDING CITIZENS ENERGY SERVICES RECAP'S ENERGY CONSERVATION SERVICES DIVISION ASSISTS LOW-INCOME HOUSEHOLDS BY REDUCING THEIR ENERGY COSTS AND IMPROVING THE COMFORT AND SAFETY OF THEIR HOMES THROUGH ENERGY EFFICIENCY RETROFITS THE RETROFIT WORK TYPICALLY INCLUDES AIR SEALING, WALL AND CEILING INSULATION, HEATING SYSTEM SERVICE OR REPLACEMENT, HOT WATER TANK AND PIPE INSULATION, AND ELECTRIC REDUCTION MEASURES, PARTICULARLY LIGHTING AND REFRIGERATOR REPLACEMENTS ONSITE ENERGY CONSERVATION EDUCATION PROVIDES PROGRAM PARTICIPANTS WITH ADDITIONAL STRATEGIES FOR MANAGING THEIR ENERGY COSTS DURING FISCAL YEAR 2013/2014, THE DIVISION'S PRIMARY FUNDING SOURCES WERE THE NATIONAL WEATHERIZATION ASSISTANCE PROGRAM (WAP), AND NYSERDAS EMPOWER PROGRAM THROUGH THOSE PROGRAMS 273 PEOPLE WERE ASSISTED BY THE ENERGY CONSERVATION SERVICES DIVISION WHICH CAUSED 119 HOUSING UNITS TO BE SAFE AND MORE ENERGY EFFICIENT ALSO, THE DIVISION USED FUNDS FROM THE OFFICE OF TEMPORARY DISABILITY ASSISTANCE TO SERVE AN ADDITIONAL 105 HOUSEHOLDS BY PROVIDING AIR CONDITIONING TO PERSONS THAT NEEDED AIR CONDITIONING FOR MEDICAL REASONS WEATHERIZATION SAVES LOW-INCOME FAMILIES AN AVERAGE OF \$250 TO \$450 PER YEAR IN HEATING, COOLING AND ELECTRIC COSTS, DEPENDING ON THEIR HOUSING TYPE, LOCATION, AND FUEL SOURCE FOR EVERY \$1 INVESTED IN THE PROGRAM, WAP RETURNS \$2 51 TO HOUSEHOLDS AND SOCIETY WAP HELPS THE COUNTRY REDUCE ITS DEPENDENCE ON FOREIGN OIL AND REDUCE CARBON EMISSIONS MANY THOUSANDS OF LOCAL, SUPPLY - SIDE AMERICAN BUSINESSES AND CONTRACTORS ARE SUPPORTED BY WAP					
	(Code )	(Expenses \$ 3,099,706	including grants of \$	(Revenue \$ 117,997 )	
COMMUNITY SERVICE THE TRUST CENTER OFFERS INTENSIVE OUTPATIENT SUBSTANCE ABUSE TREATMENT PROGRAMS BOTH IN THE DAY (DAY TREATMENT) AND IN THE EVENING (NITE LITE) THE PROGRAMS ARE FOCUSED ON ADDRESSING THE INDIVIDUAL ISSUES THAT KEEP CLIENTS IN THE CYCLE OF ADDICTION, AS WELL AS TO HELP THEM DEVELOP THE TOOLS THEY NEED TO PROMOTE LONG- TERM SOBRIETY THEY ARE OFFERED INFORMATION WHICH IS GEARED TOWARD UNDERSTANDING THEIR ADDICTION AS WELL AS COPING MECHANISMS TO UTILIZE WHEN FACING HIGH-RISK SITUATIONS WE ALSO OFFER VOCATIONAL SERVICES TO HELP INDIVIDUALS INCREASE THEIR WORK READINESS TO SECURE EMPLOYMENT THE TRUST CENTER AND NITE LITE PROGRAMS OFFER COMPREHENSIVE STRUCTURED TREATMENT FOR INDIVIDUALS, TAILORED TO MEET THEIR EMOTIONAL, SPIRITUAL, SOCIAL, HEALTH, NUTRITIONAL, AND HOUSING NEEDS THE INTENSIVE DAY TREATMENT OFFERS DUAL FOCUS GROUPS, COGNITIVE BEHAVIORAL GROUPS, SPECIFIC GENDER GROUPS, VOCATIONAL ASSESSMENTS AND REHABILITATION WORKSHOPS, SMOKING CESSATION WORKSHOPS AND RECREATIONAL ACTIVITIES ALL ASPECTS OF THE PROGRAMS ARE DESIGNED TO HELP OUR CLIENTS BECOME MORE SELF SUFFICIENT BY LIVING THEIR LIVES WITHOUT THE USE OF DRUGS AND ALCOHOL ADDICTION SERVICES TO RECOVER, OFTEN AN ALCOHOLIC/DRUG ADDICT MUST UP ROOT HIS LIFE STOP SEEING THE PEOPLE HE KNEW, REFRAIN FROM GOING TO THE PLACES HE WENT AND THINGS HE DID THAT CENTERED UPON DRINKING AND ILLICIT DRUG USE TO STAY CLEAN AND SOBER, HE MUST LITERALLY FIND A NEW WAY TO LIVE THE NEW LIFE MANOR PROGRAM IS AVAILABLE TO ADULT ALCOHOLISM/CHEMICALLY DEPENDENT MEN IN NEED OF A LIVING ENVIRONMENT THAT IS SUPPORTIVE OF RECOVERY THE NEW LIFE PROGRAM IS A 24 BED MEN'S COMMUNITY RESIDENCE THAT PROVIDES A BRIDGE BETWEEN INTENSIVE TREATMENT AND SOBER INDEPENDENT LIVING IT PROVIDES FOOD AND SHELTER IN A SAFE ALCOHOL AND DRUG FREE HOMELIKE ENVIRONMENT IT ALSO OFFERS STRUCTURED TRAINING AND SOCIAL ACTIVITIES RESIDENTS ARE ALSO AFFORDED THE OPPORTUNITY TO ESTABLISH HEALTHIER FAMILY COMMUNICATION AND RELATIONSHIPS THROUGH OUR FAMILY PROGRAM THEY ARE ENCOURAGED TO BOND WITH PEERS ON A SOBER HEALTHY BASIS NEW LIFE MANOR COMMUNITY RESIDENCE OFFERS AN EXPERIENTIAL GOAL-ORIENTED FOUNDATION IN RECOVERY OVER THE PAST YEAR WE HAVE SERVED 37 MEN AND WERE ABLE TO SUCCESSFULLY COMPLETE 21 OF THEM WE HAVE IMPLEMENTED A RUNNERS PROGRAM WHICH 13 MEN HAVE INTEGRATED INTO THEIR LIVES A FEW MEN HAVE RUN BOTH FULL AND HALF MARATHONS THIS PAST YEAR, THEY WERE ABLE TO TAKE TRIPS TO BOTH 6 FLAGS AND THE METROPOLITAN ART MUSEUM SOMETHING, OF WHICH MANY HAVE NEVER DONE, LET ALONE SOBER AND CLEAN					
4d	Other program services (Describe in Schedule O )				
	(Expenses \$ 3,099,706	including grants of \$	(Revenue \$ 117,997 )		
4e	Total program service expenses ▶		8,064,246		






Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . .</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II . . . . .</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . .</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . .</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i> 	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i> 	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . .</i> 	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i> 	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b		Yes	
3a			No
3b			
4a			No
b			
5a			No
5b			No
5c			
6a			No
6b			
7 Organizations that may receive deductible contributions under section 170(c).			
7a			No
7b			
7c			No
7d			
7e			No
7f			No
7g			
7h			
8			
9 Sponsoring organizations maintaining donor advised funds.			
9a			
9b			
10 Section 501(c)(7) organizations. Enter			
10a			
10b			
11 Section 501(c)(12) organizations. Enter			
11a			
11b			
12a			
12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a			
13b			
13c			
14a			No
14b			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	18	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	18	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 JOYA GAMBINO 40 SMITH STREET MIDDLETOWN, NY 10940 (845) 342-3978	

Part VII

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

Check if Schedule O contains a response or note to any line 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related 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) ANN BEGANY DIRECTOR - THRU 4/13	1 00	X						0	0	0
(2) DIANA OLIVER DIRECTOR -	1 00	X						0	0	0
(3) HONORABLE WILLIAM NOVAK JR DIRECTOR - THRU 1/14	1 00	X						0	0	0
(4) HORACE BELTON DIRECTOR	1 00	X						0	0	0
(5) JEAN SEXTON DIRECTOR	1 00	X						0	0	0
(6) JOHN CAPPELLO PRESIDENT	1 00	X		X				0	0	0
(7) JOHN PAGAN DIRECTOR	1 00	X		X				0	0	0
(8) MARIA NEGRON DIRECTOR	1 00	X						0	0	0
(9) MIURKA HIDALGO 1ST VICE PRESIDENT	1 00	X		X				0	0	0
(10) OLGA CAMPOS DIRECTOR	1 00	X						0	0	0
(11) REVERAND GEORGE DOERING TREASURER	1 00	X		X				0	0	0
(12) WILLIAM GUNTHER DIRECTOR	1 00	X						0	0	0
(13) JOSE VASQUEZ 2ND VICE PRESIDENT	1 00	X		X				0	0	0
(14) JUANA ROBERTS-CURRIE SECRETARY	1 00	X		X				0	0	0
(15) ANGELA CANGIALOSI DIRECTOR	1 00	X						0	0	0
(16) DR JOCELYN DUMMETT DIRECTOR	1 00	X						0	0	0
(17) LYDIA TERWILLIGER DIRECTOR	1 00	X						0	0	0



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	161,654	0	17,778

2

3

## Section B. Independent Contractors

1

MAINES PAPER & FOOD SERVICE INC 101 BROOME CORPORATE PARKWAY CONKLIN NY 13748	FOOD & FOOD SUPPLIES	113,000
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2

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	29,823				
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	2,000				
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e	6,158,591				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	53,865				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .						6,244,279
Program Service Revenue	2a	RENTAL INCOME	Business Code	532000	953,712	953,712		
	b	MEDICAID		532000	488,433	488,433		
	c	OTHER PROGRAM REVENUE		532000	130,129	130,129		
	d	ADMIN/MGMT FEES		531390	61,224	61,224		
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			1,633,498			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		240			240
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties . . . . .						
6a		(i) Real		(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss) . . . . .						
7a		(i) Securities		(ii) Other				
b		Less cost or other basis and sales expenses						
c		Gain or (loss)						
d		Net gain or (loss) . . . . .						
8a		Gross income from fundraising events (not including \$ 2,000 of contributions reported on line 1c) See Part IV, line 18 . . . . .			8,249			8,249
		a	12,938					
		b	4,689					
c	Net income or (loss) from fundraising events . . .							
9a	Gross income from gaming activities See Part IV, line 19 . . . . .							
	a							
	b							
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances . . . . .							
	a							
	b							
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .							
12	Total revenue. See Instructions . . . . .			7,886,266	1,633,498	0	8,489	

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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	181,555	174,733	6,822	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	3,564,309	3,430,367	133,942	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	4,238	4,029	209	
9	Other employee benefits.	631,625	610,257	21,368	
10	Payroll taxes.	330,653	320,725	9,928	
11	Fees for services (non-employees):				
a	Management.	180,703	180,703		
b	Legal.	2,130	1,963	167	
c	Accounting.	34,427	33,458	969	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	102,520	95,925	6,595	
12	Advertising and promotion.	12,067	12,050	17	
13	Office expenses.	310,264	298,377	11,887	
14	Information technology.	34,715	32,382	2,333	
15	Royalties.				
16	Occupancy.	1,283,124	1,273,048	10,076	
17	Travel.	141,014	140,390	624	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	2,382	2,187	195	
20	Interest.	100,435	91,148	9,287	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	237,319	235,512	1,807	
23	Insurance.	129,361	128,842	519	
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	REPAIRS AND MAINTENANCE	761,466	761,248	218	
b	FOOD	157,683	157,683		
c	TRAINING	38,709	38,709		
d	MEDICAL SUPPLIES	32,337	32,337		
e	All other expenses	8,267	8,173	94	
25	Total functional expenses. Add lines 1 through 24e.	8,281,303	8,064,246	217,057	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			216,936	1	123,273
	2	Savings and temporary cash investments . . . . .			104,699	2	130,326
	3	Pledges and grants receivable, net . . . . .			1,315,753	3	961,596
	4	Accounts receivable, net . . . . .			303,407	4	121,612
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	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 . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			21,589	8	39,679
	9	Prepaid expenses and deferred charges . . . . .			35,214	9	76,470
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	8,937,197	4,694,294	10c	4,461,591
	b	Less accumulated depreciation . . . . .	10b	4,475,606			
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities See Part IV, line 11 . . . . .			778,000	12	778,000
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			27,762	15	21,984
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			7,497,654	16	6,714,531	
Liabilities	17	Accounts payable and accrued expenses . . . . .			532,300	17	429,714
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	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 . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			3,051,544	23	2,812,698
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .			296,226	25	249,572
	26	Total liabilities. Add lines 17 through 25 . . . . .			3,880,070	26	3,491,984
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 . . . . .			3,617,584	27	3,222,547
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	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	Total net assets or fund balances . . . . .			3,617,584	33	3,222,547
	34	Total liabilities and net assets/fund balances . . . . .			7,497,654	34	6,714,531

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,886,266
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,281,303
3	Revenue less expenses Subtract line 2 from line 1	3	-395,037
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,617,584
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,222,547

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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	Yes	
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	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization REGIONAL ECONOMIC COMMUNITY ACTION PROGRAM INC	Employer identification number 14-1493667
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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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input type="checkbox"/>	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 <b>section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
11	<input type="checkbox"/>	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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <div><b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated</div>
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in <b>(ii)</b> and <b>(iii)</b> below, the governing body of the supported organization? <b>(ii)</b> A family member of a person described in <b>(i)</b> above? <b>(iii)</b> A 35% controlled entity of a person described in <b>(i)</b> or <b>(ii)</b> above?</div>
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)


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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,690,601	8,910,984	10,027,685	6,944,600	6,244,279	38,818,149
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	6,690,601	8,910,984	10,027,685	6,944,600	6,244,279	38,818,149
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						38,818,149

Section B. Total Support								
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
7	Amounts from line 4	6,690,601	8,910,984	10,027,685	6,944,600	6,244,279		38,818,149
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	349	375	462	283	240		1,709
9	Net income from unrelated business activities, whether or not the business is regularly carried on					8,249		8,249
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )							
11	Total support (Add lines 7 through 10)							38,828,107
12	Gross receipts from related activities, etc (see instructions)					12	9,734,534	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . 							

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99 970 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	99 990 %
16a	<b>33 1/3% support test—2013.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization		
b	<b>33 1/3% support test—2012.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization		
17a	<b>10%-facts-and-circumstances test—2013.</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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b	<b>10%-facts-and-circumstances test—2012.</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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
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		

Part IIISupport 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						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** 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).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation	
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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.** ▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2013

Open to Public Inspection

<b>Name of the organization</b> REGIONAL ECONOMIC COMMUNITY ACTION PROGRAM INC	<b>Employer identification number</b>  14-1493667
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

Part III

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

- 3

Using the organization's 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?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

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

	Amount
1c	
1d	
1e	
1f	
- 2a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part 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.

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

- 2

Provide the estimated percentage of the 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 . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property  | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .  |                                      | 402,455                        |                              | 402,455        |
| b Buildings . . . . .  |                                      | 6,487,017                      | 4,274,051                    | 2,212,966      |
| c Leasehold improvements . . . . .   |                                      |                                |                              |                |
| d Equipment . . . . .  |                                      | 100,395                        | 100,395                      | 0              |
| e Other . . . . .  |                                      | 1,947,330                      | 101,160                      | 1,846,170      |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                |                              | 4,461,591      |
- Schedule D (Form 990) 2013



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	8,685,380
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	794,425
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	4,689
e	Add lines 2a through 2d . . . . .	2e	799,114
3	Subtract line 2e from line 1 . . . . .	3	7,886,266
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	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	7,886,266

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	9,080,417
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	794,425
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	4,689
e	Add lines 2a through 2d . . . . .	2e	799,114
3	Subtract line 2e from line 1 . . . . .	3	8,281,303
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	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	8,281,303

Part XIII

Supplemental Information

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.

Return Reference	Explanation
PART X, LINE 2	RECAP RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS ONLY IF THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT RECAP HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. RECAP IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO FEBRUARY 28, 2011.
PART XI, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSE 4,689
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSE 4,689

[illegible]

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2013****Open to Public  
Inspection**Name of the organization  
REGIONAL ECONOMIC COMMUNITY ACTION PROGRAM INC**Employer identification number**

14-1493667

**Return  
Reference****Explanation**

FORM 990, PART VI, SECTION A, LINE 4	ARTICLE 11 SECTION VIII RECAP AMENDED THEIR BY-LAWS DURING ITS FISCAL YEAR THE FOLLOWING WAS AMENDED, REPRESENTATIVES SERVING THE POVERTY SECTOR SHALL BE ELECTED TO A THREE YEAR TERM THE PRIVATE SECTOR REPRESENTATIVES SHALL BE CHOSEN FOR THREE YEAR TERMS PUBLIC REPRESENTATIVES SHALL SERVE TWO YEAR TERMS, AS LONG AS THAT PUBLIC OFFICIAL IS HOLDING OFFICE MEMBERS MAY NOT SERVE MORE THAN 15 CONSECUTIVE YEARS EXCLUDING PUBLIC SECTOR MEMBERS ANY PAST MEMBER WHOSE TERM HAS EXPIRED MAY CONTINUE AS A BOARD MEMBER EMERITUS AND MAY ATTEND MEETINGS AND PARTICIPATE IN CONVERSATIONS BUT SUCH MEMBER IS NOT A MEMBER FOR PURPOSES OF VOTING OR QUORUM
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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	RECAP, INC HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR ANY COMMENTS. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED. AFTER THE FINANCE COMMITTEE FINALIZES THE 990, IT IS SENT TO THE FULL BOARD FOR APPROVAL TO FILE.



Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, OFFICERS, DIRECTORS, AND EMPLOYEES OF THE ORGANIZATION MUST SIGN A CONFLICT OF INTEREST STATEMENT SHOULD A POTENTIAL OR ACTUAL CONFLICT OF INTEREST OCCUR FOR A DIRECTOR OR OFFICER OF THE BOARD OF DIRECTORS, SAID DIRECTOR OR OFFICER OF THE BOARD SHALL BE REQUESTED TO MAKE A CHOICE OF REMOVING HIM/HERSELF FROM THE CONFLICTING SITUATION OR OF RESIGNING FROM THE BOARD IF AN EMPLOYEE BECOMES AWARE OF A POTENTIAL CONFLICT, THEN THEY MUST IMMEDIATELY NOTIFY THEIR SUPERVISOR AND APPROPRIATE ACTION WILL BE TAKEN, IF NECESSARY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>A JOB ANALYSIS IS A PROCESS FOR GATHERING, DOCUMENTING AND ANALYZING INFORMATION IN ORDER TO ACCURATELY DESCRIBE THE JOBS PERFORMED AT RECAP. THE BASIS OF A JOB ANALYSIS IS THE JOB DESCRIPTION. IT DESCRIBES THE ESSENTIAL FUNCTIONS OF A JOB AS WELL AS THE FREQUENCY AND IMPORTANCE OF ALL TASKS AND RESPONSIBILITIES ASSOCIATED WITH A PARTICULAR JOB. RESEARCH ENSURES THAT THE WAGES RECAP PAYS HAS NOT BEEN CREATED IN A VACUUM. THIS IS DONE BY OBTAINING THREE SURVEYS (LOCAL, STATE AND NATIONAL) FOR EACH JOB, MATCHING THE JOB THE BEST YOU CAN. SALARY RANGES ARE BASED ON THE RESEARCH AND HIERARCHY OF THE JOB DESCRIPTIONS. THE REST OF THIS PROCESS IS DEVOTED TO EXAMINING RECAP'S INTERNAL EQUITY AMONGST ITS EMPLOYEES AND THEIR PAY. RECAP'S COMPENSATION PHILOSOPHY SHOULD DRIVE THE CREATION OF THE RANGES AND HOW TO GROUP THE JOBS TOGETHER. EXISTING SALARIES ARE THEN PLACED IN THE SALARY RANGE TO SEE WHERE THEY FIT. THERE MAY BE EMPLOYEES WHO ARE NOT IN LINE WITH THE RANGES THAT RECAP HAS ESTABLISHED - FOR SALARIES ABOVE THE MAXIMUM RATE RECAP MAY CONSIDER (1) OFFERING THE EMPLOYEE A BONUS THAT IS ROUGHLY THE AMOUNT OF WHAT THE BASE PAY INCREASE WOULD HAVE BEEN AT THE TIME OF AN INCREASE. THIS SATISFIES THE EMPLOYEE WITHOUT RAISING HIS OR HER BASE PAY. EVEN MORE (2) EXPLORE DEVELOPMENTAL OPPORTUNITIES TO PROMOTE THE EMPLOYEE INTO THE NEXT PAY GRADE (3) MAKE THE EMPLOYEE INELIGIBLE FOR FURTHER SALARY INCREASES OR LOWER THE EMPLOYEES BASE PAY TO BRING IN LINE WITH THE RANGE. THIS MUST BE DONE WITH THE UNDERSTANDING THAT THIS WILL LIKELY LOWER EMPLOYEE MORALE AND MOTIVATE THE EMPLOYEE TO PURSUE EMPLOYMENT ELSEWHERE - FOR SALARIES BELOW THE MINIMUM RATE NEED TO BE "BUMPED UP" TO AT LEAST THE MINIMUM OF THE RANGE OR PROVIDE AN OPPORTUNITY TO MOVE TO A JOB IN THE GRADE ABOVE THEM. SALARY SURVEY DATA SHOULD BE GATHERED EVERY TWO TO THREE YEARS SO THAT APPROPRIATE ADJUSTMENTS TO THE SALARY RANGES CAN BE MADE. WHILE MARKETS CAN VARY, RECAP, INC. INCREASES THE SALARY RANGES WHEN A COST OF LIVING ADJUSTMENT IS MADE.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING IT ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT 40 SMITH STREET, MIDDLETOWN, NY, 10940 OR BY CALLING THE ORGANIZATION DIRECTLY AT (845)-342-3978.

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
REGIONAL ECONOMIC COMMUNITY ACTION PROGRAM INC

Employer identification number  
14-1493667

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on 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) COLLEGE HILL RECAP LLC 40 SMITH STREET MIDDLETOWN, NY 10940 20-4865021	GENERAL PARTNER IN LOW INCOME HOUSING TAX CREDIT PARTNERSHIP	NY	0	0	REGIONAL ECONOMIC COMMUNITY ACTION PROGRAM INC

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate 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) WB STONEHILL ASSOCIATES LLC  40 SMITH STREET MIDDLETON, NY 10940 13-4083973	RENTAL BUILDING	NY	STONE HILL RECAP INC	RELATED				No		Yes		

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) STONE HILL RECAP INC  40 SMITH STREET MIDDLETOWN, NY 10940 06-1611384	GENERAL PARTNER IN LOW INCOME HOUSING TAX CREDIT PARTNERSHIP	NY	REGIONAL ECONOMIC COMMUNITY ACTION PROGRAM INC	C			100 000 %	Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on 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

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

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

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]



Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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