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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 03/01, 2013, and ending 02/28, 2014

| | | | | | | |
|---|--|--|---|---|--|--|
| 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 | C Name of organization BURLINGTON COUNTY COMMUNITY ACTION PROGRAM Doing Business As | | | D Employer identification number 22-1804209 | | |
| | Number and street (or P O box if mail is not delivered to street address) Room/suite 718 ROUTE 130 SOUTH | | E Telephone number (609) 386-5800 | | | |
| | City or town, state or province, country, and ZIP or foreign postal code BURLINGTON, NJ 08016 | | | G Gross receipts \$ <u>9,863,157.</u> | | |
| | F Name and address of principal officer <u>MR. WILLIAM PROBSTING</u> <u>718 ROUTE 130 SOUTH, BURLINGTON, NJ 08016-1276</u> | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list (see instructions)</small> | | |
| I Tax-exempt status <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 | | | | | | |
| J Website ▶ <u>WWW.BCCAP.ORG</u> | | | | | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | | | | |
| L Year of formation <u>1965</u> | | | | M State of legal domicile <u>NJ</u> | | |

Part I Summary

| | | | | |
|-----------------------------|--|--|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities <u>TO FUND PROGRAMS THAT PROVIDE HOUSING AND SUPPORT TO LOW INCOME FAMILIES AND TO FUND EDUCATIONAL PROGRAMS BENEFITING LOW INCOME CHILDREN.</u> | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | | |
| | 3 | 24. | | |
| | 4 | 24. | | |
| | 5 | 291. | | |
| | 6 | 1,250. | | |
| | 7a | 0 | | |
| 7b | 0 | | | |
| Revenue | | | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | 139,572. | 76,563. |
| | 9 | Program service revenue (Part VIII, line 2g) | 10,622,389. | 9,626,026. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,215. | 349. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 225,787. | 160,219. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 10,988,963. | 9,863,157. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 4-8) | 644,580. | 198,685. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 7,607,846. | 7,130,979. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (A), line 25) | 0 | 0 |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f, 24e) | 3,272,754. | 2,482,669. |
| 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 11,525,180. | 9,812,333. | |
| 19 | Revenue less expenses Subtract line 18 from line 12 | -536,217. | 50,824. | |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
| | 20 | Total assets (Part X, line 16) | 6,293,923. | 4,840,463. |
| | 21 | Total liabilities (Part X, line 26) | 5,128,283. | 3,623,999. |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 1,165,640. | 1,216,464. | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

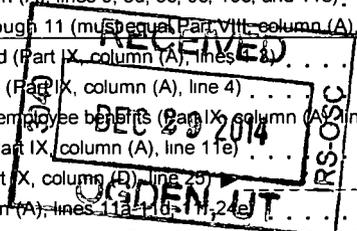
| | | |
|-----------|--|--|
| Sign Here | <input checked="" type="checkbox"/> Signature of officer | <input checked="" type="checkbox"/> Date <u>12-23-2014</u> |
| | <input checked="" type="checkbox"/> <u>SILAS M. TOWNSEND, EXECUTIVE DIRECTOR</u> Type or print name and title | |

| | | | | | |
|------------------------|---|--------------------------|-------------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name PHILIP H CORNBLATT, CPA | Preparer's signature | Date <u>12/18/14</u> | Check <input type="checkbox"/> if self-employed | PTIN P00252478 |
| | Firm's name ▶ <u>COHNREZNICK LLP</u> | | | Firm's EIN ▶ <u>22-1478099</u> | |
| | Firm's address ▶ <u>500 EAST PRATT STREET, SUITE 200 BALTIMORE, MD 21202-3100</u> | | | Phone no <u>410-783-4900</u> | |

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2013)

SCANNED JAN 09 2015



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Part III Statement 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

TO FUND PROGRAMS THAT PROVIDE HOUSING AND SUPPORT TO LOW INCOME FAMILIES AND TO FUND EDUCATIONAL PROGRAMS BENEFITING LOW INCOME CHILDREN.

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 \$ 4,017,908 including grants of \$ 338) (Revenue \$ 5,082,947)

HEAD START & HANDICAP PROGRAM. EMPHASIZES EARLY CHILDHOOD DEVELOPMENT, HEALTH CARE & NUTRITION. THE PROGRAM IS RUN IN 5 SEPERATE CENTERS BENEFITING 400 PLUS CHILDREN AGES 3-5 YRS IN AGE. IN ADDITION TO THE DIRECT PROGRAM EXPENSES, THE PROGRAM RECEIVED DONATED SERVICES OF \$438,925 AND DONATED FACILITES OF \$132,179.

4b (Code) (Expenses \$ 3,560,258 including grants of \$ 115,330) (Revenue \$ 4,053,310)

STATE OF NEW JERSEY PROGRAMS FOR LOW INCOME INDIVIDUALS. THESE PROGRAMS INCLUDE CHILDCARE ASSISTANCE, TRANSITIONAL FAMILY ASSITANCE, COMMUNITY PROGRAMS AND WEATHERIZATION.

4c (Code) (Expenses \$ 693,811 including grants of \$ 83,017) (Revenue \$ 489,769)

BURLINGTON COUNTY PROGRAMS FOR LOW INCOME INDIVIDUALS. THESE PROGRAMS INCLUDE HOUSING ASSISTANCE. EMERGENCY HOME REPAIR, HOMELESSNESS PREVENTION, AND HEATER REPLACEMENT.

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,271,977.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------|--|-----|----|
| 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> | | X |
| 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> | 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? <i>If "Yes," complete Schedule J</i> | | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> | | 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 | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable 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> | | 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? <i>If "Yes," complete Schedule L, Part III</i> | | 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? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | 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? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 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> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 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> | | 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? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 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> | 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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | 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? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

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

Table with columns for question number, description, sub-questions (1a-1b, 1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and 501(c)(7), (12), (13), and (29) organizations.

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 or note to any line 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 NJ
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, 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 MARY L SCANLON, CONTROLLER 718 ROUTE 130 SOUTH, BURLINGTON, NJ 08016-1276 609-386-5800

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, 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)MR. HENRY ADAMS TREASURER | 3.50 | X | | X | | | | 0 | 0 | 0 |
| (2)MS. ALTONA PAYNE BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (3)MR. HENRY GILYARD 2ND VICE PRESIDENT | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (4)MR. WILLIAM PROBSTING PRESIDENT | 2.00 | X | | X | | | | 0 | 0 | 0 |
| (5)MS. BARBARA NIXON BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (6)MS. ERMA TUCKER BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (7)MS. KATRINA WRIGHT, ESQUIRE BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (8)MS. ODESSA JOHNSON SECRETARY | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (9)MR. W. FREDERICK C. KNIGHTEN, BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (10)MS. MARY LAWRENCE 1ST VICE PRESIDENT | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (11)MS. KATHRYN TOWNES BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (12)MS. BEATRICE ADMORE BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (13)MS. VALERIE HOLMAN BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (14)MRS. DEBRA MOORE BOARD MEMBER | 1.00 | 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) MR. FERN OUELLETTE BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (16) MS. BEATRICE HOLLEY ALT BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (17) MS. DOROTHY MURPHY ALT BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (18) MR. DENNIS ROOHR BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (19) MRS. JENNIFER MARTIN BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (20) MR. JOHN MCELWEE BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (21) MS. ROVENNA OVERTON BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (22) MS. CAROLYN CHANG BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (23) C. ANDRE DANIELS BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (24) MR. RANDY BELIN BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (25) DR. SILAS M. TOWNSEND EXECUTIVE DIRECTOR | 35.00 | | | X | | | | 104,765. | 0 | 0 |
| 1b Sub-total | | | | | | | | 0 | 0 | 0 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 367,539. | 0 | 0 |
| d Total (add lines 1b and 1c) | | | | | | | | 367,539. | 0 | 0 |

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

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 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 | | X |
| 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 | | 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 1 | | |
| | | |
| | | |
| | | |
| | | |

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 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 | 53,295 | | | |
| | b | Membership dues | | | | |
| | c | Fundraising events | | | | |
| | d | Related organizations | | | | |
| | e | Government grants (contributions) | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 23,268 | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | 20,517 | | | |
| | h | Total. Add lines 1a-1f | 76,563 | | | |
| Program Service Revenue | 2a | HEAD START | 611710 | 5,082,947 | 5,082,947 | |
| | b | NEW JERSEY | 624200 | 4,053,310 | 4,053,310 | |
| | c | BURLINGTON COUNTY | 624200 | 489,769 | 489,769 | |
| | d | | | | | |
| | e | | | | | |
| | f | All other program service revenue | | | | |
| | g | Total. Add lines 2a-2f | | 9,626,026 | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2 | | 349 | | 349 |
| | 4 | Income from investment of tax-exempt bond proceeds | | 0 | | |
| | 5 | Royalties | | 0 | | |
| | | | (i) Real | (ii) Personal | | |
| | 6a | Gross rents | | | | |
| | b | Less rental expenses | | | | |
| | c | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) | | 0 | | |
| | 7a | Gross amount from sales of assets other than inventory | | | | |
| | 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 | | | |
| | b | Less direct expenses | b | | | |
| | c | Net income or (loss) from fundraising events | | 0 | | |
| 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 | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| 11a | OTHER INCOME | 900099 | 160,219 | 160,219 | | |
| b | | | | | | |
| c | | | | | | |
| d | All other revenue | | | | | |
| e | Total. Add lines 11a-11d | | 160,219 | | | |
| 12 | Total revenue. See instructions | | 9,863,157 | 9,786,245 | 349 | |

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 | 0 | | | |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22 | 198,685. | 198,685. | | |
| 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 | 367,539. | 343,119. | 24,420. | |
| 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 | 5,407,708. | 5,048,417. | 359,291. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 132,908. | 132,908. | | |
| 9 Other employee benefits | 523,834. | 466,626. | 57,208. | |
| 10 Payroll taxes | 698,990. | 622,653. | 76,337. | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0 | | | |
| b Legal | 756. | 617. | 139. | |
| c Accounting | 157,908. | 128,793. | 29,115. | |
| d Lobbying | 0 | | | |
| e Professional fundraising services See Part IV, line 17. | 0 | | | |
| f Investment management fees | 0 | | | |
| 9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 0 | | | |
| 12 Advertising and promotion | 0 | | | |
| 13 Office expenses | 0 | | | |
| 14 Information technology | 0 | | | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 107,912. | 84,687. | 23,225. | |
| 17 Travel | 88,193. | 86,970. | 1,223. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 0 | | | |
| 20 Interest | 66,839. | 62,563. | 4,276. | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 373,073. | | 373,073. | |
| 23 Insurance | 159,382. | 81,752. | 77,630. | |
| 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 UTILITIES ----- | 165,185. | 129,634. | 35,551. | |
| b CONTRACTED LABOR & SERVICES ----- | 151,283. | 34,603. | 116,680. | |
| c SUPPLIES ----- | 552,365. | 416,782. | 135,583. | |
| d REPAIRS & MAINTENANCE ----- | 77,065. | 60,479. | 16,586. | |
| e All other expenses ----- | 582,708. | 372,689. | 210,019. | |
| 25 Total functional expenses. Add lines 1 through 24e | 9,812,333. | 8,271,977. | 1,540,356. | |
| 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) | 0 | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 1,562,771. | 1 | 351,803. |
| | 2 Savings and temporary cash investments | 0 | 2 | 0 |
| | 3 Pledges and grants receivable, net | 1,191,634. | 3 | 1,134,591. |
| | 4 Accounts receivable, net | 0 | 4 | 0 |
| | 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 ATCH 3 | 197,106. | 7 | 220,918. |
| | 8 Inventories for sale or use | 0 | 8 | 0 |
| | 9 Prepaid expenses and deferred charges ATCH 4 | 71,977. | 9 | 87,496. |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 8,636,942. | | |
| | b Less accumulated depreciation | 10b 5,592,256. | | |
| | | 3,268,940. | 10c | 3,044,686. |
| | 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 | 1,495. | 15 | 969. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 6,293,923. | 16 | 4,840,463. | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,131,605. | 17 | 1,091,577. |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue ATCH 5 | 693,130. | 19 | 411,965. |
| | 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 ATCH 6 | 2,303,548. | 23 | 2,115,954. |
| | 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 | 4,503. |
| | 26 Total liabilities. Add lines 17 through 25 | 5,128,283. | 26 | 3,623,999. |
| 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 | 1,165,640. | 27 | 1,216,464. |
| | 28 Temporarily restricted net assets | 0 | 28 | 0 |
| | 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 Total net assets or fund balances | 1,165,640. | 33 | 1,216,464. |
| | 34 Total liabilities and net assets/fund balances. | 6,293,923. | 34 | 4,840,463. |

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 | 9,863,157. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,812,333. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 50,824. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,165,640. |
| 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 | 1,216,464. |

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 | | X |
| 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 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 | X | |
| 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? | X | |
| 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 | X | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

Open to Public Inspection

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.

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

Name of the organization

Employer identification number

BURLINGTON COUNTY COMMUNITY ACTION PROGRAM

22-1804209

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

| | | |
|---------|-----|----|
| | Yes | No |
| 11g(ii) | | X |
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | | |
|----------|-----|----|
| | Yes | No |
| 11g(iii) | | X |
- 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) | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2013

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

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 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 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 69.29%; 15 Public support percentage from 2012 Schedule A, Part II, line 14 81.93%; 16a 33 1/3% support test - 2013. 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 [X]; 16b 33 1/3% support test - 2012. 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; 17a 10%-facts-and-circumstances test - 2013. 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; 17b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in 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) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (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 under section 513; 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) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (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, 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 section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) = 15 %; Row 16: Public support percentage for 2012 Schedule A, Part III, line 15 = 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) = 17 %; Row 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)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2009 | 2010 | 2011 | 2012 | 2013 | TOTAL |
|--------------|------|------|----------------|----------------|----------------|----------------|
| OTHER INCOME | | | 125,386 | 225,787 | 160,219 | 511,392 |
| TOTALS | | | <u>125,386</u> | <u>225,787</u> | <u>160,219</u> | <u>511,392</u> |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

BURLINGTON COUNTY COMMUNITY ACTION PROGRAM

22-1804209

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to, Aggregate grants from, Aggregate value at end of year, and two questions about donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring expenses. Includes a small table for 'Held at the End of the Tax Year'.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts.

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

Schedule D (Form 990) 2013

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 |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

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

b If "Yes," explain the arrangement in Part 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 | (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

| | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part 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 | | 656,659. | | 656,659. |
| b Buildings | | 5,811,747. | 3,604,111. | 2,207,636. |
| c Leasehold improvements | | | | |
| d Equipment | | 2,168,536. | 1,988,145. | 180,391. |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). | | | | 3,044,686. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) _____ | | |
| (B) _____ | | |
| (C) _____ | | |
| (D) _____ | | |
| (E) _____ | | |
| (F) _____ | | |
| (G) _____ | | |
| (H) _____ | | |
| Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

| (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) ACCRUED INTEREST | 4,503. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 4,503. |

2. Liability for uncertain tax positions 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

Part XIII Supplemental Information (continued)

PART X LINE 2

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM TAXES UNDER THE PROVISIONS OF SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE; THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THESE FINANCIAL STATEMENTS. THE ORGANIZATION HAS ALSO BEEN CLASSIFIED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION WITH THE MEANING OF SECTION 509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS IN SECTION 170(B) (1) (A) (VI) .

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

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

▶ Attach to Form 990

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

BURLINGTON COUNTY COMMUNITY ACTION PROGRAM

22-1804209

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) ----- | | | | | | | |
| (2) ----- | | | | | | | |
| (3) ----- | | | | | | | |
| (4) ----- | | | | | | | |
| (5) ----- | | | | | | | |
| (6) ----- | | | | | | | |
| (7) ----- | | | | | | | |
| (8) ----- | | | | | | | |
| (9) ----- | | | | | | | |
| (10) ----- | | | | | | | |
| (11) ----- | | | | | | | |
| (12) ----- | | | | | | | |

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

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

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

Schedule I (Form 990) (2013)

JSA

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PAGE 27

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 CHILD CARE SERVICES | 56 | 115,668 | | | |
| 2 EMERGENCY HOUSING REPAIRS | 50 | 61,652 | | | |
| 3 HOUSING | 20 | 21,363 | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2

THE ORGANIZATION PROVIDES NO DIRECT ASSISTANCE TO INDIVIDUALS, RATHER THE

ORGANIZATION MAKES PAYMENTS TO THIRD-PARTIES ON BEHALF OF THE SPONSORED

INDIVIDUAL.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

BURLINGTON COUNTY COMMUNITY ACTION PROGRAM

22-1804209

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods. | X | | 20,517. | FMV |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes. | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ () | | | | |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

| | Yes | No |
|---|-----|----|
| 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | | X |
| 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | |

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

Schedule M (Form 990) (2013)

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Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

BURLINGTON COUNTY COMMUNITY ACTION PROGRAM

22-1804209

PART VI SECTION B LINE 11A

THE 990 IS EMAILED TO THE GOVERNING BOARD FOR REVIEW. AFTER THE REVIEW,
THE EXECUTIVE DIRECTOR IS AUTHORIZED TO SIGN THE RETURN.

PART VI SECTION B LINE 12C

THE MEMBERS OF THE BOARD OF TRUSTEES ARE REQUIRED TO NOTIFY THE BOARD OF
ANY POTENTIAL CONFLICTS OF INTEREST. THE BOARD MONITORS PURCHASES AND
ACTIVITIES OF THE AGENCY TO REVIEW TRANSACTIONS TO ASSURE THERE ARE NO
CONFLICTS OF INTEREST.

PART VI, SECTION C LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE FOR
PUBLIC INSPECTION AT THE ORGANIZATION'S OFFICE DURING REGULAR BUSINESS
HOURS UPON REQUEST. THE DOCUMENTS ARE ALSO FILED WITH THE STATE OF NEW
JERSEY, AND ARE AVAILABLE UPON REQUEST.

PART VI SECTION B LINE 15

AN ANNUAL WAGE COMPARABILITY STUDY IS COMPLETED FOR ALL POSITIONS.

PART VI SECTION A LINE 2

THE FOLLOWING MEMBERS OF THE BOARD OF DIRECTORS ARE RELATED TO ONE
ANOTHER:

| NAME | RELATED MEMBER | RELATIONSHIP |
|-------|----------------|--------------|
| ----- | ----- | ----- |

| | |
|--|--|
| Name of the organization BURLINGTON COUNTY COMMUNITY ACTION PROGRAM | Employer identification number 22-1804209 |
|--|--|

HAVE COMMON BUT NOT ABSOLUTE OVERSIGHT THROUGH COMMON BOARD OF TRUSTEES MEMBERS.

ATTACHMENT 1

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

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| COHNREZNICK LLP 500 EAST PRATT STREET BALTIMORE, MD 21202 | ACCOUNTING | 118,411. |

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

| <u>DESCRIPTION</u> | (A) <u>TOTAL REVENUE</u> | (B) <u>RELATED OR EXEMPT REVENUE</u> | (C) <u>UNRELATED BUSINESS REV.</u> | (D) <u>EXCLUDED REVENUE</u> |
|--------------------|-----------------------------|---|---------------------------------------|--------------------------------|
| INTEREST INCOME | 349. | | | 349. |
| TOTALS | <u>349.</u> | | | <u>349.</u> |

ATTACHMENT 3

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

| | | |
|--|--------------------|-----------------|
| BORROWER: | DUE FROM AFFILIATE | |
| BEGINNING BALANCE DUE | | 197,106. |
| ENDING BALANCE DUE | | <u>220,918.</u> |
| TOTAL BEGINNING NOTES AND LOANS RECEIVABLE | | <u>197,106.</u> |
| TOTAL ENDING NOTES AND LOANS RECEIVABLES | | <u>220,918.</u> |

| | |
|--|--|
| Name of the organization BURLINGTON COUNTY COMMUNITY ACTION PROGRAM | Employer identification number 22-1804209 |
|--|--|

ATTACHMENT 4

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| <u>DESCRIPTION</u> | <u>BEGINNING BOOK VALUE</u> | <u>ENDING BOOK VALUE</u> |
|--------------------|-----------------------------|--------------------------|
| PREPAID EXPENSES | 71,977. | 87,496. |
| TOTALS | <u>71,977.</u> | <u>87,496.</u> |

ATTACHMENT 5

FORM 990, PART X - DEFERRED REVENUE

| <u>DESCRIPTION</u> | <u>BEGINNING BOOK VALUE</u> | <u>ENDING BOOK VALUE</u> |
|--------------------|-----------------------------|--------------------------|
| DEFERRED REVENUE | 693,130. | 411,965. |
| TOTALS | <u>693,130.</u> | <u>411,965.</u> |

ATTACHMENT 6

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY
 ORIGINAL AMOUNT: 3,057,464.
 INTEREST RATE: 3.200000
 DATE OF NOTE: 03/01/2003
 MATURITY DATE: 03/15/2023
 REPAYMENT TERMS: MONTHLY PAYMENTS OF \$19,977
 SECURITY PROVIDED: FIRST LIEN ON ALL PROPERTY AND ASSETS OF THE ORG.
 PURPOSE OF LOAN: REFINANCE PRIOR MORTGAGES

| | |
|-----------------------------|-------------------|
| BEGINNING BALANCE DUE | 1,970,701. |
| ENDING BALANCE DUE | <u>1,808,166.</u> |

LENDER: TD BANK
 ORIGINAL AMOUNT: 200,000.
 INTEREST RATE: 5.000000
 DATE OF NOTE: 11/26/2003
 MATURITY DATE: 01/01/2024
 REPAYMENT TERMS: MONTHLY PAYMENTS OF \$2,084 INCLUDING INT.
 SECURITY PROVIDED: CERTAIN REAL AND COMMERCIAL PROPERTY
 PURPOSE OF LOAN: TO CONSTRUCT THE LUMBERTON AND DELANCO PROPERTIES

| | |
|--|--|
| Name of the organization BURLINGTON COUNTY COMMUNITY ACTION PROGRAM | Employer identification number 22-1804209 |
|--|--|

ATTACHMENT 6 (CONT'D)

| | |
|-----------------------------|----------------|
| BEGINNING BALANCE DUE | 96,214. |
| ENDING BALANCE DUE | <u>88,988.</u> |

LENDER: TD BANK
ORIGINAL AMOUNT: 83,500.
INTEREST RATE: 6.000000
MATURITY DATE: 02/15/2016
REPAYMENT TERMS: MONTHLY PAYMENTS OF \$1,762 PER MONTH INCLUDES INT.
SECURITY PROVIDED: LAND, BUILDINGS AND EQUIPMENT
PURPOSE OF LOAN: CONSTRUCTION

| | |
|-----------------------------|----------------|
| BEGINNING BALANCE DUE | 77,168. |
| ENDING BALANCE DUE | <u>73,253.</u> |

| | |
|--|--|
| Name of the organization BURLINGTON COUNTY COMMUNITY ACTION PROGRAM | Employer identification number 22-1804209 |
|--|--|

ATTACHMENT 6 (CONT'D)

LENDER: WELL FARGO BANK
ORIGINAL AMOUNT: 50,000.
INTEREST RATE: 5.000000
DATE OF NOTE: 03/31/2010
REPAYMENT TERMS: LINE OF CREDIT
SECURITY PROVIDED: GENERAL ASSETS OF THE ORGANIZATION

BEGINNING BALANCE DUE 23,147.
ENDING BALANCE DUE 10,282.

LENDER: TD BANK
ORIGINAL AMOUNT: 100,000.
INTEREST RATE: 5.500000
REPAYMENT TERMS: LINE OF CREDIT
SECURITY PROVIDED: GENERAL ASSETS OF THE ORGANIZATION

BEGINNING BALANCE DUE 99,100.
ENDING BALANCE DUE 100,000.

| | |
|--|--|
| Name of the organization BURLINGTON COUNTY COMMUNITY ACTION PROGRAM | Employer identification number 22-1804209 |
|--|--|

ATTACHMENT 6 (CONT'D)

LENDER: TD BANK
ORIGINAL AMOUNT: 40,000.
INTEREST RATE: 5.160000
DATE OF NOTE: 02/29/2012
MATURITY DATE: 08/10/2016
REPAYMENT TERMS: MONTHLY PAYMENTS OF INTEREST & PRINCIPAL
SECURITY PROVIDED: INVESTMENT PROPERTY

| | |
|---|-------------------|
| BEGINNING BALANCE DUE | 37,218. |
| ENDING BALANCE DUE | <u>35,265.</u> |
| TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE | <u>2,303,548.</u> |
| TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE | <u>2,115,954.</u> |

**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.

2013

Open to Public Inspection

Name of the organization

BURLINGTON COUNTY COMMUNITY ACTION PROGRAM

Employer identification number

22-1804209

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

| (1) | (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

| (1) | (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) | BCCAP-SH, INC 718 ROUTE 130 SOUTH BURLINGTON, NJ 08016 22-3277404 | AFFORD. HSG. | NJ | 501(C)(3) | 9 | BCCAP | | X |
| (2) | BCCAP CHODA, INC 718 ROUTE 130 SOUTH BURLINGTON, NJ 08016 22-3490804 | AFFORD. HSG. | NJ | 501(C)(3) | 9 | BCCAP | | X |
| (3) | ----- | | | | | | | |
| (4) | ----- | | | | | | | |
| (5) | ----- | | | | | | | |
| (6) | ----- | | | | | | | |
| (7) | ----- | | | | | | | |

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

Schedule R (Form 990) 2013

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) 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) ROEBLING VILLAGE INN, URBAN REN BURLINGTON, NJ 08016 | AFFORDABLE HS | NJ | N/A | RELATED | -41,329 | -213,334 | | X | | | X | 1.0000 |
| (2) ----- | | | | | | | | | | | | |
| (3) ----- | | | | | | | | | | | | |
| (4) ----- | | | | | | | | | | | | |
| (5) ----- | | | | | | | | | | | | |
| (6) ----- | | | | | | | | | | | | |
| (7) ----- | | | | | | | | | | | | |

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) ----- | | | | | | | | | |
| (2) ----- | | | | | | | | | |
| (3) ----- | | | | | | | | | |
| (4) ----- | | | | | | | | | |
| (5) ----- | | | | | | | | | |
| (6) ----- | | | | | | | | | |
| (7) ----- | | | | | | | | | |

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)

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 | Yes | No |
|-----|---------------------------------------|-------------------------------|------------------------|--|-----|----|
| (1) | BCCAP-SH, INC. | D | 66,645. | COST | | X |
| (2) | ROEBLING VILLAGE INN URBAN RENEWAL LP | D | 154,273. | COST | | X |
| (3) | | | | | | X |
| (4) | | | | | | X |
| (5) | | | | | | X |
| (6) | | | | | | X |

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.

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (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; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information

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

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. X
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Enter filer's identifying number, see instructions

| | | |
|--|--|--|
| Type or print File by the due date for filing your return. See instructions | Name of exempt organization or other filer, see instructions BURLINGTON COUNTY COMMUNITY ACTION PROGRAM | Employer identification number (EIN) or 22-1804209 |
| | Number, street, and room or suite no. If a P.O. box, see instructions 718 ROUTE 130 SOUTH | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions BURLINGTON, NJ 08016 | |

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **MARY L. SCANLON, CONTROLLER, 718 ROUTE 130 SOUTH, BURLINGTON, NJ 08016**
Telephone No **609 386-5800** Fax No

- 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.

4 I request an additional 3-month extension of time until **01/15, 20 15**

5 For calendar year , or other tax year beginning **03/01, 20 13**, and ending **02/28, 20 14**

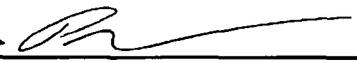
6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

7 State in detail why you need the extension **INFORMATION FROM A THIRD PARTY HAS NOT BEEN RECEIVED. THIS INFORMATION IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.**

| | | |
|--|-------|---|
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 8a \$ | 0 |
| b If this application is for Forms 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 and any amount paid previously with Form 8868. | 8b \$ | 0 |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 8c \$ | 0 |

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPT** Date **10/13/14**